2026

BAPH - Abstract Book



BAPH
Belgian Association of Public Health

Wellbeing in a Changing World

26/06/2026

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The Belgian Association of Public Health is a scientific, not-for-profit organization. It aims to create links, interaction and synergy for better public health practice and research. Through its dissemination and discussion fora, researchers and practitioners are networked for mutual complementarity.

Members of the BAPH are professionals working on issues that affect the community and public health, be they public health practitioners or researchers and academics. Members have ties to all Francophone and Flemish universities, and membership is also open to public health students.

The BAPH develops a network that creates links and synergies and helps researchers and students find resources, internships, etc.

For more details about the event, click here.

COMMITTEES

ORGANISING COMMITTEE

Simon Beerten (Symposium Chair), Julie Vanderlinden, Brecht Devleesschauwer, Pierre Smith, Eva Verdonck, Tadek Krzywania, Sherihane Bensemmane

SCIENTIFIC COMMITTEE

Julie Vanderlinden (Chair), Johan Bilsen, Kris Van den Broeck, Pierre Smith, Dagmar Annaert, Lize Hermans, Camille Duveau, Fanny Brunin, Sherihane Bensemmane

VOLUNTEERS

Dagmar Annaert, Laura Bonacini, Amina Jirari, Flora Mbela Lusendi, Amélie Van Vyve

PARTNERS

Kom op tegen Kanker; Mutualité Chrétienne; Mutualités Libres/ Onafhankelijke Ziekenfondsen; Sciensano

AWARDEES

Since 2024, two awards have been granted at each symposium: one for the best oral presentation and one for the best rapid-fire presentation/poster. Awardees are selected based on their abstract scores. Abstracts are reviewed and scored by the Scientific Committee.

BEST PRESENTATION



Güngör Karakaya, Mutualités Libres and Université Libre de Bruxelles (ULB)

Dr. Güngör Karakaya holds a PhD in Economics and Management from the Solvay Brussels School of Economics and Management at the Université Libre de Bruxelles. He is a health economics expert at the Mutualités Libres and a lecturer in economics at the Université Libre de Bruxelles. His research focuses on health economics, social economy and work disability, with a particular interest in generating evidence to inform policy design and support evidence-based decision-making.

BEST POSTER



Lisa Van Hove, Vrije Universiteit Brussel (VUB)

Dr. Lisa Van Hove is a postdoctoral researcher at the Psychology, Research and Innovations for Mental Health (PRISM) network at Vrije Universiteit Brussel. She is committed to bridging research and clinical practice to improve the recognition, management, and prevention of self-injury across the lifespan. Her research mainly focuses on self-injury and suicide prevention in older adults. She also serves as Chair of the International Consortium on Self-injury in Educational Settings (ICSES), where she promotes translational research on self-injury in school contexts.

Wellbeing in a Changing World:

Promoting Mental and Social Health Across the Life Course

DATE : 26 JUNE 2026

9h00-9h30	Registration & welcome coffee
9h30-9h45	Introduction of the day by the BAPH (Symposium Scientific Chair : Simon Beerten)
9h45-10h15	Keynote speech by Lode Godderis, CEO of IDEWE and professor at KU Leuven) (25min +5 Q&A)
10h15-10h45	Keynote speech by Elise Derroitte, Executive Vice President of the Christelijke Mutualiteit- Mutualité Chrétienne Group (25min +5 Q&A)
10h45-11h15	Coffee break
11h15-11h45	Keynote speech by Ingrid De Jonghe, president and therapist at TEJO vzw (25min +5 Q&A)
11h45-12h30	Roundtable
12h30-14h	Lunch
14h-15h	Parallel sessions : Oral presentations • Oral presentations session 1 : Healthy Choices in Real Life: Environments, Inequalities and Behaviour Change • Oral presentations session 2 : Support, Autonomy, and Relationships in Mental Health Across Diverse Communities • Oral presentations session 3 : Mental Health Beyond the Clinic: Lived Experiences, Care Practices and System Challenges
15h-16h	Parallel sessions : Rapid-fire presentations • Fire rapid presentations session 1 : Mental Health in Context: Social Inclusion, Access, and Innovative Approaches to Wellbeing • Fire rapid presentations session 2 : Mental health in Practice: Rethinking Care, Support and Innovation Across the Life Course • Fire rapid presentations session 3: Mental health under pressure: from mechanisms to policy and practice
16h-16h15	Closing speech
16h15-16h30	Awards announcements

Elise Derroitte has served as Executive Vice President of the Christelijke Mutualiteit - Mutualité Chrétienne Group since June 2024. At Mutualité Chrétienne, she has contributed to the development of health policies since 2019, first as Director of the Research Department, then as Director of Policy and Research.

Elise holds a PhD in Philosophy (UCLouvain) and a Master's degree in Fine Arts. She is recognized for her expertise and vision within numerous consultative bodies, notably at the INAMI, as well as at the Inter-Mutualist Agency and the Federal Center of Expertise in Healthcare.

Ingrid De Jonghe began her career in juvenile and family law, founding the Bureau for Juvenile Legal Aid in Antwerp in 1985. After nearly two decades as a lawyer, she retrained in education and psychology and became a behavioral and systemic therapist.

She is currently the president and a therapist at TEJO vzw ("Therapists for Youth") which provides free, anonymous, and accessible psychological support to young people through volunteer therapists.

In 2024, she launched "Jongeren uit de Wind," an initiative offering supervised overnight stays for youth seeking rest and stability.

Lode Godderis is CEO at IDEWE, a Belgian External Service for Prevention and Protection at Work and is Professor of Occupational Medicine at the Centre for Environment and Health of the KU Leuven.

He investigates the impact of work on health by unravelling the underlying mechanism and also the reverse how health can affect work (dis)ability.

WORD FROM THE PRESIDENT AND THE SYMPOSIUM CHAIR

It is a great pleasure to look back on the BAPH Symposium, which focused on the theme: "Wellbeing in a Changing World: Promoting Mental and Social Health Across the Life Course."

During a period of global challenges and shifting priorities, safeguarding mental and social health became more crucial than ever. Consequently, mental health had rightfully claimed a top position on international and Belgian agendas. This symposium was designed to address that pressing reality. Our goal was to step outside our individual silos and look at public health from multiple perspectives. Throughout the day, we dived into a rich scientific program featuring three inspiring keynote lectures, a central roundtable discussion, and 37 presentations spanning academia, policy, and fieldwork. Together, we explored everything from the determinants of wellbeing and population mental health to burnout, self-care, and community initiatives.

This abstract book is more than just a collection of summaries; it represents the collective dedication, passion, and hard work of all stakeholders.

We want to thank the Organizing and Scientific Committees for bringing that day to life, and to all the researchers and practitioners who shared their valuable work with us.

We hope the insights shared during the event continue to inspire you, spark new collaborations, and offer fresh perspectives on promoting wellbeing across the life course.

ORAL PRESENTATIONS

CHAPTER 1 : DETERMINANTS OF WELLBEING AND HEALTH PROMOTION: ALCOHOL USE, NUTRITION, AND MENTAL HEALTH

Presenter	Title
Dimitri Hoppenbrouwers, Ella Decrop (University of Antwerp)	Promoting non-alcoholic beverages as a strategy to limit alcohol consumption among higher education students during nightlife: a co-creation approach.
Allan Estandarte (University of Antwerp)	Understanding the intersections between apartment living and urban food practices: a mixed-method study in Belgian cities
Manon Rouche (Université libre de Bruxelles)	Food insecurity and adolescent mental health in Belgium and Ireland: evidence from the 2021/22 HBSC survey using multiple mental health indicators

ABSTRACT 1 : PROMOTING NON-ALCOHOLIC BEVERAGES AS A STRATEGY TO LIMIT ALCOHOL CONSUMPTION AMONG HIGHER EDUCATION STUDENTS DURING NIGHTLIFE: A CO-CREATION APPROACH.

Authors: Dimitri Hoppenbrouwers[1], Ella Decrop[2], Lukar Thornton[1], Mäité Verloigne[2], Joris Van Damme[3], Laurien Van den Berge[2], Benedicte Deforche[2,4]

Affiliations: [1] University of Antwerp; [2] Ghent University; [3] Vlaams expertisecentrum Alcohol en Andere Drugs; [4] Vrije Universiteit Brussel, Belgium & Deakin University, Australia

Background:

Alcohol consumption increases the risk for several cancers. Given the harmful levels of alcohol consumption among higher education students, it is crucial to target prevention towards this group. Prevention strategies that focus on limiting alcohol consumption often elicit resistance among students because they focus on what not to do and what to avoid. By using a positive approach such as promoting the consumption of non-alcoholic beverages during nightlife, we aim to reduce such resistance and increase the likelihood of meaningful impact.

The overall objective of this project, funded by Kom Op Tegen Kanker, is to develop, implement and evaluate strategies aimed at promoting the consumption of non-alcoholic beverages (including water) during nightlife, with the goal of reducing alcohol consumption among students. Promoting non-alcoholic beverages may reduce students' alcohol consumption directly, but also indirectly through changing social norms during nightlife, which currently favor alcohol over non-alcoholic consumption.

Methods:

The overall project consists of five work packages (WPs) that build on each other to achieve the overall objective. Here we focus on WP1 which aims to quantitively explore the motivations behind students' choices regarding non-alcoholic beverages during nightlife via secondary data analysis of the 'In Hogere Sferen' survey by VAD among 20.000 students. Additionally, this WP seeks to identify effective strategies or nudges within the nightlife environment (such as discounts, attractive presentations, visibility, educational signage) that may encourage increased consumption of non-alcoholic beverages and to identify potential settings (e.g. bars, events and parties) to test these strategies or nudges in the following WPs. To elicit this information, we are currently conducting focus group interviews with higher education students in Antwerp and Ghent.

Results:

So far 5 focus groups have been conducted with 6 to 8 students per group. By May, we aim to have completed a total of 8 focus groups. Preliminary results from our initial focus groups reveal that students are willing to drink non-alcoholic beverages if these are easily accessible and fairly priced. Also promoting these through unconventional advertising, like guerilla marketing, may have an effect among students.

Conclusion:

Our initial focus groups have revealed a desire for greater access to affordable non-alcoholic beverage options in nightlife settings. By further identifying ideas on how this could be achieved, WP1 insights will be used to shape our future qualitative interviews with nightlife stakeholders in the and will feed into the co-created intervention strategies later in the project.

Main messages:

- The overall study goal is to identify and implement interventions that are supported by students and nightlife stakeholders with the ultimate goal of promoting non-alcoholic beverages (including water) and therefore reducing the centrality of alcohol in nightlife settings.
- Through focus groups with students, this first work package aims allows students to contribute their views towards possible interventions to promote non-alcoholic beverages and in which settings they believe they might be successful.

Keywords: Health promotion, alcohol, higher education, co-creation

ABSTRACT 2 : UNDERSTANDING THE INTERSECTIONS BETWEEN APARTMENT LIVING AND URBAN FOOD PRACTICES: A MIXED-METHOD STUDY IN BELGIAN CITIES

Authors: Allan Estandarte, Laura Oostenbach, Lukar Thornton

Affiliations: Department of Marketing, University of Antwerp

Background:

In high-income settings, including Belgium, promoting home cooking and limiting out-of-home food consumption are key strategies for promoting healthier diets and wellbeing. Although evidence has documented the health and social benefits of at-home versus out-of-home food, our understanding of how apartment living and domestic urban environments drive food practices remains limited. This is crucial in Belgian cities, as apartments have grown substantially and now comprise a third of the Flemish housing stock. New apartments are also built smaller and with poorly designed kitchens, potentially discouraging home cooking whilst driving greater reliance on the out-of-home food supply. With EU-wide urban policies pushing for more compact urban housing, understanding how apartment living impacts diet-related health and wellbeing is fundamental. Hence, this study examines how apartment living, specifically kitchen design and functionality, shapes home cooking and out-of-home food practices among Belgian urban residents.

Methods:

This study employed a mixed-methods design. Qualitative data were gathered through photo-elicited interviews with apartment dwellers in Brussels and Antwerp. Using framework method, we explored how kitchen design aspects influenced residents' lived experiences related to food. Quantitative data were used from the 2024 FWO Meal delivery survey completed by adults residing in urban areas of Brussels and Flanders. We fitted ordered logistic regression models to test relationships between the exposures: kitchen type, ease of storage and food preparation, and outcome measures: home cooking frequency, sit-down restaurant meals, fast-food consumption, and meal delivery use.

Results:

Photo-elicited interviews (N = 23) identified six themes: Kitchen size and layout, Kitchen fixtures and equipment, Storage for food and kitchen appliances, Ventilation, Suitability of construction materials, and Lighting, which facilitated or hindered food practices, and involved adaptation strategies. Quantitative analysis (N = 739) showed that having small-old kitchens was associated with less frequent (<1/month) meal

delivery use (OR = 0.64, 95% CI: 0.42, 0.97; p-value = 0.037). Difficulty storing food was associated with more frequent fast-food consumption: ≥1/month (OR = 1.77, 95% CI: 1.14, 2.75; p-value = 0.012) and ≤3/month (OR = 1.96, 95% CI: 1.26, 3.06; p-value = 0.003). Difficulty in food preparation was also associated with more frequent fast-food consumption: ≥1/month (OR = 1.73, 95 % CI: 0.99, 3.02; p-value = 0.048) and ≥4/month (OR = 2.27, 95% CI: 1.36, 3.78; p-value = 0.002).

Conclusion:

Apartment kitchen design shapes home cooking and out-of-home food practices, with constraints in storage and preparation, contributing to a greater use of out-of-home food.

Main messages:

Urban domestic environments are overlooked dimensions within food environment frameworks. Findings from this study show how apartment kitchen design impacts food practices. This highlights a novel pathway through which housing conditions could be leveraged to support diet-related health and wellbeing in growing urban settings.

Integrating qualitative and quantitative insights, findings suggest that constraints in kitchen design, particularly ease of food storage and preparation, influence residents' motivation for home cooking and fast-food consumption. These underscore the potential of urban housing design and planning to better support healthier food practices amid urban densification.

Keywords: Apartment living, food practices, mixed-methods, urban housing

BSTRACT 3 : FOOD INSECURITY AND ADOLESCENT MENTAL HEALTH IN BELGIUM AND IRELAND: EVIDENCE FROM THE 2021/22 HBSC SURVEY USING MULTIPLE MENTAL HEALTH INDICATORS

Authors: Manon Rouche[1,2], Colette Kelly[3], Yousra Bahbah[1,2], Aoife Gavin[3], Emma Holmberg[1,2], Nouha Haj Ayed[1,2], Katia Castetbon[1,2]

Affiliations: [1] Université libre de Bruxelles, Service d'Information, Promotion, Éducation Santé (Sipes-ULB), School of Public Health, Brussels, Belgium; [2] Université libre de Bruxelles, Research Center in Epidemiology, Biostatistics and Clinical Research, School of Public Health, Brussels, Belgium; [3] Health Promotion Research Centre, School of Health Sciences, University of Galway, Ireland

Background:

Food insecurity (FI) has been long overlooked in high-income countries, where it was assumed to be non-existent. Yet it may have short- and long-term detrimental effects on mental health. This study compared mental health outcomes associated with FI among adolescents in French-speaking Belgium and Ireland, using indicators ranging from reduced wellbeing to depression risk.

Methods:

Data came from the standardised Health Behaviour in School-aged Children (HBSC) survey conducted in 2021/22. Among randomly selected schools and eligible participants, 10,387 (Belgium) and 6,155 (Ireland) adolescents aged 10-17 years were included in the analyses. FI was assessed using the USDA nine-item module and classified as food secure [0-1 point] or insecure [2–9 points]. Mental health outcomes included self-rated health (4-answer question; "excellent/good" vs. "fair/poor"), life satisfaction (Cantrill ladder, "low" [0-5 points] vs. "medium/high" [6-10 points]), loneliness (5-answer question, "no loneliness" [never, rarely, or sometimes] vs. "loneliness" [most of the time or always]), and wellbeing (WHO-5, "risk of depression" [≤ 28 points] vs. "low or satisfactory wellbeing" [> 28 points]). Weighted logistic regressions were conducted separately by country to examine associations between FI and these outcomes, adjusting for sex, age, Family Affluence Scale (FAS), and family structure. Interactions with FAS were also tested.

Results:

In 2021/22, 15.7% [95%CI: 14.4-17.1] and 12.0% [11.3-13.0] of adolescents were food insecure in Belgium and Ireland, respectively. FI prevalence was similar across sexes (e.g.: 16.3% boys and 15.2% girls in Belgium) but significantly increased with age in Ireland (from 9.1% to 13.8%) and decreased with higher FAS levels in both countries

(from 27.8% to 5.2% in Belgium; from 20.0% to 7.4% in Ireland). In both countries, FI was associated with poorer outcomes across all mental health indicators. Indeed, adolescents experiencing FI were more likely to report low life satisfaction (Belgium-OR: 2.70 [2.27-3.20]; Ireland-OR: 2.63 [2.11-3.28]) and loneliness (Belgium-OR: 2.18 [1.85-2.58]; Ireland-OR: 2.73 [2.23-3.35]). Across all FAS categories, FI remained associated with adverse mental health outcomes, except for depression risk among those with high FAS (Belgium-OR: 0.83 [0.36-1.87]; Ireland-OR: 1.43 [0.69-2.96]).

Conclusions:

FI among adolescents warrants greater attention than it typically receives in high-income countries. The cross-sectional design did not allow establishing whether mental health outcomes preceded FI or vice versa. Nonetheless, the consistent associations observed across multiple mental health indicators both in Belgium and Ireland, two countries with distinct contexts, highlight the need for monitoring and targeting interventions addressing FI and potential mental health coexistence among adolescents.

Main messages:

Food insecurity remains largely under-recognised in high-income countries, including as a key determinant of adolescent mental health. Yet its consistent association with poorer self-rated health, lower life satisfaction, higher loneliness, and higher risk of depression in Belgium and Ireland indicates a substantial and overlooked burden among adolescents.

Addressing food insecurity is critical to improving adolescent mental health and reducing social inequalities. FI was associated with mental health outcomes in all socioeconomic groups, suggesting an independent pathway. This observation highlights the need for monitoring and intervention to mitigate its impact on adolescent mental health and wellbeing.

Keywords: Food insecurity, mental health, wellbeing, inequalities, adolescents

CHAPTER 2 : BURNOUT, SELF-CARE, AND DECISION-MAKING IN CONTEMPORARY SOCIAL AND HEALTH CONTEXTS

Presenter:	Title
Sylviane Carbonnelle (SOS Burn-out Belgique)	Quantitative and qualitative analysis of the use of a helpline dedicated to burnout and impact of an awareness campaign
Amina Yakhlaf (University of Antwerp)	Family First? Migration Background and Preferences for Family Involvement in Mental Health Decision-Making in Belgium
Cecilia Scacchitti (UCLouvain)	Relational dimensions of self-care among chronically ill adults raised in Belgium with migrant parents

ABSTRACT 1 : QUANTITATIVE AND QUALITATIVE ANALYSIS OF THE USE OF A HELPLINE DEDICATED TO BURNOUT AND IMPACT OF AN AWARENESS CAMPAIGN

Authors: Sylviane Carbonnelle[1], Aurélie Piffet[1], Melissa Fischi[1], Alice Marchal[1], Zoé Bernar[1,2], Frédéric Bertin[1,3], Frédérick Allaerts[1], Sylvie Lejeune[1,3], Lisiane Delanaye[1,3]

Affiliations: [1] SOS Burn-out Belgique; [2] UCLouvain; [3] SOS Burn-out Accompagnement

Background:

Burnout is a growing public health concern with significant societal impact, requiring accessible support services. The SOS Burn-out helpline provides information and guidance to individuals experiencing burnout, their relatives and professionals involved in the field. Since 2025, the helpline has implemented a structured call management system (administrative staff member as first contact point with general enquiries immediately handled, while complex cases logged and addressed in a second step by a specialized four-person team) and extended operating hours (2 extra hours on each opening day) to improve efficiency and accessibility of the service.

Methods:

Calls and callers characteristics (number, time, duration and type of caller, reason for calling, how the caller heard about the helpline, respectively) were analysed, with special attention to changes during a burnout awareness campaign broadcast on radio, television, and social media in November–December 2025 (comparison with 2024).

Results:

2649 calls were received in 2025, showing a significant increase compared to 2024 (1004 calls), with a peak of 697 calls during the awareness campaign period. 66% of calls were received during opening hours in 2025 (36% in 2024), but this percentage decreased to 55% during the awareness campaign. Most callers were individuals experiencing (pre-)burnout, seeking information on social security or referrals to mental health professionals. In November-December, more than 50% of the peak of 697 calls were initiated as a result of the awareness campaign, with the main reason for the call being a need for a listening support - as supported by a longer call duration - which could not be adequately offered, due to a lack of capacity. An increasing reason for calling the helpline during the awareness campaign was the referral by healthcare professionals.

Conclusion:

The reorganisation of the helpline improved its accessibility, which contributed to the increased number of calls in 2025 compared to 2024. However, the multimedia awareness campaign is the main driver behind the public's interest in the 'SOS Burn-out' helpline, demonstrating a strong correlation between media coverage and service utilisation. The enhanced visibility of the helpline also led healthcare professionals to increasingly refer patients to this service. These observations underscore the importance of promotion of support resources. The findings also underscore the urgent need to develop a dedicated listening service to better meet the needs of burnout sufferers.

Main messages:

- A multimedia awareness campaign on burnout substantially increased the utilisation of a burnout helpline, improving public access to information and support and emphasizing the value of strategic communication in mental health promotion.
- Growing demand for emotional listening services highlights a gap and emphasizes the need for expanding the dedicated burnout helpline capacity, which is essential to address the unmet need for listening support and to offer comprehensive burnout assistance in the community.

Keywords: burnout, helpline, awareness campaign, prevention

Acknowledgments: Funding by the AVIQ (Agence pour une Vie de Qualité)

ABSTRACT 2 : FAMILY FIRST? MIGRATION BACKGROUND AND PREFERENCES FOR FAMILY INVOLVEMENT IN MENTAL HEALTH DECISION-MAKING IN BELGIUM

Authors: Amina Yakhlaf[1,2], Veerle Buffel[3,2], Sarah Van de Velde[1,2]

Affiliations: [1] University of Antwerp; [2] sociology; [3] Free University of Brussels

Background:

Patient autonomy is a dominant principle in Western healthcare systems. However, family involvement remains an important component of medical decision-making in many cultural and religious contexts, particularly in mental health care. As Belgium evolves into a fast-changing and superdiverse society, understanding how migration background and religion influence preferences for family involvement is essential for equitable and patient-centred care.

Methods:

We used data from The Social Study, a nationally representative survey of the Belgian adult population (N = 5,485). A subsample (n = 1,324) completed a vignette module presenting hypothetical scenarios related to cancer and depression. Participants evaluated clinical scenarios varying in disease type and severity and indicated their preferences regarding family involvement in medical decision-making. Multivariable analyses examined associations between migration background, religious affiliation, and decision-making preferences.

Results:

Religion, particularly Catholic affiliation, emerged as a strong predictor of preferences for family involvement across medical contexts. First-generation non-EU migrants and EU migrants reported significantly higher preferences for family involvement, particularly in scenarios involving mild depression. In contrast, non-religious respondents and those with higher educational attainment were more likely to prefer patient-led decision-making and direct physician–patient communication. Satisfaction with the healthcare system was positively associated with preferences for both family involvement and physician engagement. Across groups, family involvement was more accepted in scenarios involving severe illness compared to milder conditions, suggesting that both perceived illness severity and stigma influence decision-making preferences.

Conclusion:

Preferences for family involvement in mental health decision-making vary across migration and religious backgrounds in Belgium. Integrating awareness of these differences into clinical practice may improve patient engagement, trust, and treatment adherence. Public health strategies should support flexible, culturally responsive decision-making models that respect individual preferences while promoting equitable access to mental health care. These findings contribute to ongoing discussions on reducing mental health inequalities and promoting mental and social well-being across the life course in multicultural societies.

Main messages:

- Preferences for family involvement in mental health decision-making vary across migration, religious, and other sociodemographic backgrounds in Belgium, highlighting the need for flexible and patient-centred care approaches.
- Family involvement is more frequently preferred in contexts of migration, religious affiliation, and more severe illness, suggesting that recognizing family as a potential resource may improve trust, engagement, and equity in mental health services.

Keywords: Family involvement, mental health decision-making, migration background, religious affiliation, patient-centred care

Acknowledgments: This study was conducted using data from The Social Study. The authors would like to thank all survey participants and collaborators involved in data collection and study development.

ABSTRACT 3 : RELATIONAL DIMENSIONS OF SELF-CARE AMONG CHRONICALLY ILL ADULTS RAISED IN BELGIUM WITH MIGRANT PARENTS

Authors: Cecilia Scachitti[1], Marie Dauvrin[1,2], Isabelle Aujoulat[1]

Affiliations: [1] Institut de Recherche Santé et Société, UCLouvain; [2] Centre d'Expertise des soins de santé

Background:

Belgium's population has become increasingly diverse because of its long history of migration. Among people with a migration background are the children of migrants who were raised in Belgium and have now reached adulthood. However, this group is often examined through the narrow lens of migration and acculturation theories, which tend to overlook other important dimensions of their experiences. This study focuses on people with chronic conditions, who are direct descendants of immigrants, with the aim of better understanding the meaning and significance of the self-care practices they engage in.

Methods :

This study referred to grounded theory for data collection and analysis. Individual interviews were conducted with 25 participants. Participants and had lived in Belgium since early childhood (before age six). Data collection and analysis happened iteratively, with interview questions evolving according to emerging themes and hypotheses. While the initial interviews focused on illness management and family migration history, later ones explored family dynamics, relationships with healthcare professionals, and experiences of injustice and discrimination. Data were analyzed using constant comparative methods.

Results :

Findings indicate that self-care practices are not solely oriented toward physical health but also serve an important relational purpose. These relational purposes can be understood through two main phenomena. On the one hand, within the family, tensions between the "sick role" and family responsibilities may lead participants to engage in self-care abroad as a way to escape expectations, or to seek care from family members to foster recognition of their illness. Participants may also follow parental advice despite skepticism, as a means of honoring family ties and maintaining relational harmony. On the other hand, experiences of invalidation, combined with prior experiences of othering linked to ethnicity, religion, or illness, both in everyday life and within the healthcare system, shape self-care decisions. These dynamics can lead participants to prioritize practices recommended by trusted individuals,

particularly for their perceived independence from the healthcare system. More specifically, such invalidation may lead participants to follow healthcare professionals' advice to demonstrate its ineffectiveness and challenge their judgments.

Conclusion :

Our findings underscore the key role of relational challenges in self-care decision-making, shaped by complex family dynamics in migration contexts and experiences of invalidation within the healthcare system. These findings call for greater attention to patients' lived experiences beyond healthcare settings, at both familial and societal levels, in supporting chronically ill patients born or raised in Belgium with an immigration background.

Main messages:

Self-care practices among chronically ill adults with an immigration background are deeply embedded in family and community relationships. They serve not only health-related goals but also help negotiate expectations, maintain family harmony, and seek recognition of illness. Tensions between care needs and familial roles highlight the central role of relational contexts in shaping health behaviors. Relational contexts should be recognized as central to care approaches that extend beyond formal healthcare settings.

Experiences of invalidation and othering within healthcare and everyday life significantly shape self-care decisions. Turning to alternative practices or trusted networks outside formal systems may reflect mistrust and unmet needs. These patterns illustrate how social inequalities, linked to ethnicity, religion, and chronic illness, affect access to and engagement with care. Addressing health inequities requires greater recognition of lived experiences and structural efforts to reduce discrimination and improve the responsiveness of healthcare systems.

Keywords: Migration, second generation, self-care, invalidation, family dynamics

CHAPTER 3 : POPULATION MENTAL HEALTH: PSYCHIATRIC CARE, PSYCHOTROPIC DRUGS, AND CONTINUITY OF CARE

Presenter:	Title
Iris Steenhout (Vrije Universiteit Brussel)	Beyond the incident: The cumulative mental health impact of recurrent aggression and the making of policy blind spots
Ellen Van Leeuwen (Ghent University)	The 'Psychotropes: 10 jours de sensibilisation/Psychofarmaca 10daagse' campaign : a national campaign to promote rational use of antidepressants and benzodiazepines in Belgium
Güngör Karakaya (Independent Health Insurance Funds (Mutualités Libres))	Continuity of care and risk of psychiatric readmission: a retrospective analysis of administrative health data in Belgium

ABSTRACT 1 : BEYOND THE INCIDENT: THE CUMULATIVE MENTAL HEALTH IMPACT OF RECURRENT AGGRESSION AND THE MAKING OF POLICY BLIND SPOTS

Authors: Iris Steenhout[1,2]

Affiliations: [1] Vrije Universiteit Brussel; [2] Commissie tegen agressie bij publieke functies

Background:

Aggression in public-facing roles is a recurring phenomenon for many public service workers. Yet work-related aggression is still too often approached as an isolated incident. This study examines how train conductors experience the impact of such aggression and the follow-up they receive in its aftermath, with particular attention to its cumulative and cyclical nature.

Methods:

A total of 104 Dutch-speaking NMBS train conductors participated in a narrative survey. The material was analyzed using reflexive thematic analysis to explore how aggression is experienced, interpreted, and carried over time.

Results:

Four interrelated themes emerged. First, verbal and sexual harassment are frequently normalized and perceived as inherent to the job, despite their cumulative impact. Exposure occurs regularly at lower levels (e.g., threats, intimidation, insults), while more severe incidents occur episodically. Second, through normative recoding, the severity of incidents is selectively redefined by management: "serious" incidents tend to receive almost all attention, whereas frequent "minor" aggressions are minimized, and blame-shifting sometimes occurs. Third, train conductors adapt their professional conduct through discretionary coping strategies to reduce risk, such as less rigorous ticket checks and situational avoidance, creating a professional dilemma between personal safety and equitable service delivery. Fourth, aggression permeates private life and extends far beyond working hours. Respondents described anticipatory stress before shifts, persistent hypervigilance, difficulty "switching off," replaying incidents, sleep disturbances, irritability, and emotional exhaustion.

Conclusion:

Synthesizing these findings, the study develops an aggression-impact arc capturing the full stress cycle of Anticipation, Exposure, Rumination, and Spillover (AERS). Anticipation refers to heightened threat appraisal before and during shifts; exposure

reflects frequent, often low-level aggression; rumination captures persistent, uncontrollable work-related thinking that impedes psychological recovery; and spillover denotes the transfer of strain into private life and family functioning. Limited recognition and selective organizational follow-up intensify this cycle, contributing to reporting fatigue and rendering aggression progressively less visible. In doing so, policy risks being shaped around significant blind spots rather than the cumulative realities of frontline work.

Main messages:

- Based on 104 narrative accounts from NMBS train conductors, this study shows how aggression unfolds through an AERS arc: anticipation (threat appraisal before/during shifts), frequent low-level exposure, persistent rumination that disrupts recovery, and spillover into private life. Even "minor" hostility accumulates, shaping hypervigilance, sleep problems, irritability, and emotional exhaustion over time.

- Management practices often reframe incident severity through normative recoding: "serious" cases receive attention while frequent "minor" aggressions are minimized, sometimes with blame-shifting. This fuels avoidance-based coping (e.g., less rigorous checks), reporting fatigue, and reduced visibility of aggression. The result is weakened recognition and targeted support,allowing policy to develop around incomplete data and everyday harm remaining structurally undercounted.

Keywords: Workplace aggression; mental health; institutional support; occupational resilience.

Acknowledgments: We are deeply grateful to the 104 train conductors who chose to share their experiences with such openness and care. Many of you went far beyond brief answers, taking the time to articulate detailed accounts of situations that were often difficult, personal, and emotionally charged. This work stands on their narratives, and we hope it does justice to the realities you so thoughtfully conveyed. At the same time, we emphasize that these narratives reflect respondents' lived impressions and experiences. They should not be read as implying that the employer, here NMBS, does nothing to address aggression. Rather, they illuminate how aggression and its follow-up are perceived and experienced on the ground, and where gaps in recognition or support may be felt. We hope the findings contribute constructively to ongoing efforts to prevent aggression and strengthen follow-up and care.

ABSTRACT 2 : THE 'PSYCHOTROPES: 10 JOURS DE SENSIBILISATION/PSYCHOFARMACA 10DAAGSE' CAMPAIGN : A NATIONAL CAMPAIGN TO PROMOTE RATIONAL USE OF ANTIDEPRESSANTS AND BENZODIAZEPINES IN BELGIUM

Authors: Ellen Van Leeuwen[1], Lou Richelle[2], Anne-Marie Offermans[3]

Affiliations: [1] Department of Basic and Applied Medical Science & Public Health and Primary Care Ghent University, Belgium; [2] Département de Médecine, Brusses, BelgiumGénérale, ULB; [3] Département de Médecine

Background:

In Belgium, approximately one in ten people uses an antidepressant (AD), and nearly one in five uses benzodiazepines or Z-drugs (BZRA), often for much longer than recommended. In 2025, the national campaign 'Psychofarmaca 10-daagse / Psychotropes : 10 jours de sensibilisation' was launched for the first time from 1 to 10 October 2025, during the 10 days of Mental Health. The campaign promotes the appropriate use of ADs and BZRAs, focusing not only on reducing initiation but also on reviewing long-term use and discontinuing treatment when appropriate. It aims to raise awareness and stimulate dialogue between patients and healthcare professionals, including clinicians, pharmacists, and psychotherapists.

Methods:

Inspired by the Choosing Wisely movement, the campaign is clinician-led, evidence-based, and multidisciplinary. It is supported by professional associations of general practitioners, pharmacists, and psychologists, as well as the Belgian Centre for Pharmacotherapeutic Information and the Belgian Psychotropics Expert Platform. The four key calls to action were: (1) for sleep problems, start with non-pharmacological advice; (2) for depressive symptoms, start with dialogue before prescribing; (3) for long-term BZRA use, plan gradual tapering; and (4) for long-term AD use, review treatment regularly. Campaign materials included a bilingual website (psychofarmaca10daagse.be / psychotropes10jours.be), visuals, downloadable posters (“Sleeping pills and antidepressants: start? forever?”), podcasts featuring Belgian experts on depression, sleep management, and tapering, and short videos presenting psychotropic-related situations in GP practices and pharmacies to stimulate reflection.

Results:

The campaign reached a broad audience of primary care professionals. Dissemination through newsletters of professional organizations and social media increased visibility.

The campaign website received more than 3,500 visitors during the 10 days, and engagement with the podcasts and videos was encouraging.

Conclusion:

The 'Psychotropes: 10 jours de sensibilisation/Psychofarmaca 10daagse' campaign helps raise awareness and empowers healthcare professionals and patients to engage in open conversations about AD and BZRA use. By fostering dialogue, it contributes to more appropriate psychotropic use. Broader collaboration with additional partners and increased engagement with the general public could further enhance its impact.

Main messages:

- The 'Psychotropes: 10 jours de sensibilisation/Psychofarmaca 10daagse' campaign promotes more appropriate use of antidepressants and benzodiazepines by promoting dialogue and non-pharmacological approaches, and regular review of long-term use, contributing to improved population mental health and less psychotropic prescribing.
- Broader collaboration with additional partners and increased engagement with the general public could further enhance the impact of the 'Psychotropes: 10 jours de sensibilisation/Psychofarmaca 10daagse' campaign .

Keywords: psychotropics, awareness campaigns, antidepressants, benzodiazepines

Acknowledgments: The campaign materials were funded by the Valorisation Fund of Ghent University

ABSTRACT 3 : CONTINUITY OF CARE AND RISK OF PSYCHIATRIC READMISSION: A RETROSPECTIVE ANALYSIS OF ADMINISTRATIVE HEALTH DATA IN BELGIUM

Authors: Güngör Karakaya[1,2], Ruud Saerens[1], Mathieu De Backer[1], Ludo Vandenthoren[1], Kelly Van der Cruyssen[1]

Affiliations: [1] Independent Health Insurance Funds (Mutualités Libres); [2] Université Libre de Bruxelles

Background :

Continuity of care is a key determinant of outcomes in patients with mental health disorders, particularly during transitions between inpatient and outpatient settings. Thirty-day readmission rates are commonly used as an indicator of continuity of care. This study aims to analyze patterns of psychiatric hospitalization, assess continuity of ambulatory care before and after admission and identify factors associated with early readmission.

Methods :

This retrospective study used administrative reimbursement data from Independent Health Insurance Funds, covering over 2.3 million individuals in Belgium. Psychiatric admissions between 2022 and 2023 were included. For each patient, healthcare utilization was examined over a period of 12 months before admission and 12 months after discharge, focusing on the first hospitalization per year. Variables included sociodemographic characteristics, emergency services use, outpatient contacts (general practitioners, psychiatrists, psychologists), and use of antidepressants or antipsychotics. A multivariable logistic regression model was used to identify factors associated with psychiatric readmission within 30 days after discharge, excluding same-day or next-day readmissions.

Results :

A total of 20,559 psychiatric admissions were analyzed. Patients had a mean age of 41 years, and 53.5% were female. Social vulnerability was high, with 39.3% benefiting from increased reimbursement status and 29.2% classified as disabled.

The continuity of care declined sharply around hospitalization. Within 7 days after discharge, only 17.3% of patients consulted a general practitioner and 26.2% had any contact with a general practitioner, psychiatrist, or reimbursed psychological care provider, although this proportion increased to 88.5% at 6 months.

The 30-day readmission rate was 16.5%, increasing to 33.7% at 6 months. Factors associated with higher risk of 30-day readmission included longer hospital stays (> median value of 23 days) (adjusted OR [aOR]=1.23; 95% CI:1,14-1,33), female sex (aOR=1.23; 95% CI:1,14-1,33), disability status (aOR=1.21; 95% CI:1,11-1,32), residence in Flanders compared with Wallonia (aOR=1.16; 95% CI:1,07-1,27), prior use of antidepressants or antipsychotics (aOR=1.22; 95% CI:1,12-1,33) and absence of general practitioner follow-up within 7 days post-discharge (aOR=1.15; 95% CI:1,04-1,28). Younger (<19 years) and older (>64 years) age groups had a lower risk compared with 19-40 age group (respectively aOR=0.83; 95% CI:0.73-0.94 and aOR=0.61; 95% CI:0.52-0.71).

Conclusion :

Psychiatric readmissions are frequent and strongly associated with disruptions in continuity of care, particularly in the immediate post-discharge period. Early follow-up in primary care appears to be a key protective factor. Strengthening coordination between hospital and outpatient services is essential to improve continuity of care and reduce avoidable readmissions.

Main messages:

- Disruptions in continuity of care are common around psychiatric hospitalization, with particularly low outpatient follow-up in the first week after discharge. This critical gap is strongly associated with an increased risk of early readmission, highlighting the importance of timely post-discharge care.
- Ensuring early post-discharge contact with general practitioners or mental health professionals represents a key lever to potentially reduce avoidable psychiatric readmissions

Keywords: Mental health, Continuity of care, Psychiatric readmission, Healthcare utilization, Post-discharge care

RAPID-FIRE PRESENTATIONS

CHAPTER 1 : MENTAL HEALTH IN CONTEXT: SOCIAL INCLUSION, ACCESS, AND INNOVATIVE APPROACHES TO WELLBEING

Presentation	Title
Corentin Leroy, Kevin Caudron (Araph ASBL- Service Handicap & Santé)	"Promoting Self-Determination and Social Participation to Enhance Overall Health. Prevention Through Access to Leisure Activities"
Alessandra Boschi (Vrije Universiteit Brussel)	Healthcare access and wellbeing among sex workers in Flanders after decriminalisation: a qualitative study
Lukar Thornton (University of Antwerp)	Building an agent-based model of ready-to-eat meal delivery ordering: a focus on the conceptual framework and scenario development
Veerle Soyez (Vrije Universiteit Brussel)	What stays unspoken? Mapping disclosure in maternity care among care-experienced young mothers: first insights from a scoping review
Chloé Chabotier (Univers Santé asbl)	Adapting Mental Health First Aid for University Students: Protocol of a Peer-Based Intervention to Support Youth Mental Health
Nédée Marie-Lise (KU Leuven)	“Access to care” revisited: A relational critique of dominant frameworks in primary care
Elise Cnockaert (Ghent University)	Let’s talk Gender: Preliminary Focus Group Data Evaluating a Questionnaire on Gender and Pain Dynamics
Charlotte Dupont (Union Professionnelle des Diététiciens de la Langue Française (UPDLF))	Implementation of the Body Project in Wallonia: Preventing eating disorders in youth across everyday settings
Jelle Van Cauwenberg (Université Libre de Bruxelles)	From neighborhoods to well-being: a causal inference approach using target trial emulation
Lima van den Steen (Academie Voor De Eerste Lijn)	Promoting Mental Wellbeing of Adolescents in Urban, Disadvantaged Neighbourhoods through Participatory Action Research: Protocol of the Belgian ProMent-study

ABSTRACT 1 : PROMOTING SELF-DETERMINATION AND SOCIAL PARTICIPATION TO ENHANCE OVERALL HEALTH. PREVENTION THROUGH ACCESS TO LEISURE ACTIVITIES.

Authors: Corentin Leroy[1,2], Kevin Caudron[1,2], Emmy Wereau[1,2]

Affiliations: [1] ARAPH ASBL; [2] Handicap&Santé

Social exclusion is a public health issue. The concept of social health highlights the effects of a lack of inclusion on the health of people with disabilities, as well as the preventive potential of leisure activities. This is why Handicap&Sante has initiated an participative action-research project called CollectivH. This initiative involve the creation of a semi-autonomous, self-organized leisure group. The purpose of the research associated is to evaluate the appropriate support approaches to combine and maximise autodertemination and social health.

There is a growing push toward deinstitutionalization—meaning a reduced reliance on institutional settings characterized by authority, strict supervision of living conditions, rigid routines imposed regardless of personal preferences, limited freedom of choice, and forms of segregation. At the same time, this shift calls for a diversification of supports : developing community-based alternatives while also encouraging institutions themselves to become more open and connected to society.

However, living outside institutions also presents challenges. Home support services and assistance aimed at promoting autonomy rarely address the need to combine “doing what one wants” with “meeting others” and "beeing supported". There is therefore a need to reconcile support and autonomy by placing social inclusion at the center of these approaches. Leisure activities offer a key entry point for this inclusion. They make it possible to move beyond the dilemma between a “social life that is structured and directed” and an “independent life that is isolated.” Addressing this gap is essential, particularly for individuals with partial autonomy who seek greater self-determination but face a lack of appropriate support and opportunities.

To address this, we are developing a “deinstitutionalized support” model. Its aim is to support a group of people (CollectviH) with disabilities in structuring the activities they wish to pursue. Participants not only take part in activities offered within the program, but also have the opportunity to propose and develop their own activities. As part of this approach, we conduct participant observation to identify both the challenges and opportunities involved, as well as to formulate recommendations for this type of support and the need of diversity in the models. Participants themselves are also invited to engage in the participant observation, actively contributing to the analysis of the support approach and its underlying requirements.

Today, CollectivH members have developed greater autonomy and are taking on increasing levels of responsibility, confirming both the benefits and the desirability of this support approach.

Main messages:

- The lack of social inclusion often leads people with intellectual disabilities to experience significant loneliness when they are outside institutional settings. This loneliness is a symptom of poor social health and can contribute to both mental and physical health issues, creating a vicious cycle of isolation and increasing barriers to access. This calls not only for the development of new models, but also for their immediate implementation, through co-construction with the people directly concerned. This is precisely what CollectivH aims to achieve.

- To promote the social inclusion of people with disabilities, it is essential to provide support not only for daily living but also for social participation and activities, so that they have more than just physical access to places and opportunities in everyday life.
  It is therefore crucial to diversify support models and to develop and experiment with non-directive, deinstitutionalized forms of support.

Keywords: Inclusion, leisure, inclusive-research , desinstitutionalisation, social-health

Acknowledgments: Project supported by FSE
This research was supported by the participants of CollectivH through a participatory approach, which will contribute to an inclusive research design in future publications.

ABSTRACT 2 : HEALTHCARE ACCESS AND WELLBEING AMONG SEX WORKERS IN FLANDERS AFTER DECRIMINALISATION: A QUALITATIVE STUDY

Authors: Alessandra Boschi, Tasha Brandt, Roel Van Overmeire, Johan Bilsen, Lara Vesentini

Affiliations: Vrije Universiteit Brussel

Background:

Previous research has established that sex workers have specific health needs and face significant obstacles in meeting them. This study explored the experiences of sex workers in Flanders regarding their access to healthcare and sought to identify key barriers and facilitators. Following Belgium's decriminalisation of sex work in 2022, the study also aimed to explore how this policy change was reflected in sex workers' experiences and perceptions of healthcare access.

Methods:

In-depth semi-structured interviews (N=10) were conducted with sex workers in Flanders: six women and four men aged between 24 and 64 years. Transcripts of interviews were analysed using thematic analysis.

Results:

Four main themes were identified: (1) specific health complaints; (2) the role of decriminalisation; (3) remaining barriers to healthcare access; and (4) support and resources for sex workers. Barriers to healthcare access included stigma and discrimination; lack of knowledge and trust in healthcare providers; long waiting times; and reluctance to disclose their occupation.

Conclusion:

Culturally sensitive training for healthcare providers, expanding the services of sex workers' organisations, and ensuring that future research examines the long-term impact of decriminalisation with diverse populations such as migrant sex workers are recommended.

Main messages:

- Decriminalisation alone does not automatically improve healthcare access for sex workers. Persistent stigma, provider knowledge gaps and structural barriers continue to affect their experiences in healthcare settings.

- Improving healthcare access requires culturally sensitive training for healthcare providers and stronger support for sex worker–led organisations that provide low-threshold and trusted services.

Keywords: Experiences, healthcare access, sex workers, decriminalisation, Flanders

Acknowledgments: The authors thank the sex workers who generously shared their experiences and the sex worker organisations that facilitated participant recruitment.

ABSTRACT 3 : BUILDING AN AGENT-BASED MODEL OF READY-TO-EAT MEAL DELIVERY ORDERING: A FOCUS ON THE CONCEPTUAL FRAMEWORK AND SCENARIO DEVELOPMENT

Authors: Laura Oostenbach, Lukar Thornton

Affiliations: University of Antwerp

Background:

Ready-to-eat meal delivery platforms (e.g., Uber Eats) have become increasingly popular in recent years, with implications for food behaviours and dietary patterns. The decision to order meal delivery emerges from complex interactions between individuals, their social networks, and a broader food environment shaped by digital platforms, pricing, and promotions. Agent-based modelling offers an advanced approach to simulate the dynamic interactions underpinning these decisions. First, a dynamic conceptual framework will be developed to capture how individuals make decisions within meal delivery platforms. This framework will underpin an agent-based model used to test plausible policy scenarios and their potential decision-making impacts.

Methods:

Our approach has two parts. The conceptual framework will be developed in four steps: (1) drafting a preliminary framework based on our existing theory and content knowledge, (2) conducting a realist review to assess underlying mechanisms and strength of evidence, (3) refining the framework through expert consultation, and (4) finalising the conceptual framework. Scenario development will follow in two steps: (5) identifying and reviewing potential interventions, and (6) consulting local experts to ensure the plausibility and (contextual) relevance of the scenarios.

Results:

We will present the final framework and a set of intervention scenarios. The preliminary framework captures five main components: digital food environment, psychological context, social environment, ordering behaviour and diet outcomes. It describes how features of meal delivery platforms (such as cost and healthfulness of options) influence individuals perceptions of benefits and risks, which together form perceived value of ordering. This psychological context mediates the relationship between the digital environment and ordering behaviour, which is further influenced by social influences both from the broader community and the more proximal network. The ordering behaviour, in turn, impacts dietary outcomes (consumption of vegetables and energy-dense, nutrient-poor food). Preliminary scenario development is focused on

modifying the costs of ordering meal delivery (e.g., meal price, delivery fees, promotions) and improving the healthfulness of meals available for delivery (e.g., more healthy items available or reformulating existing options).

Conclusions: The final conceptual framework will guide the structure and assumptions of a future agent-based model, whilst the scenarios will define interventions to be simulated within this model. By modelling interactions between individuals, social influences, and meal delivery platforms, this study advances the application of agent-based modelling in public health.

Main messages:

- Our project answers the repeated calls for more agent-based modelling in public health. This modelling approach is ideally suited to understanding the emergence of reshaped food behaviours and dietary inequalities overtime. Developing a conceptual framework is essential to guide the model's structure, mechanisms, parameters, and assumptions.
- Our scenario development explores evidence-based and contextually relevant strategies to encourage healthier food ordering within meal delivery apps. Through altering pricing and menu options, the aim is to simulate the impact on meal delivery ordering behaviour and dietary outcomes over time.

Keywords: Agent-based modelling, conceptual framework, meal delivery services, dietary inequalities, policy scenarios

Acknowledgments: This work is supported by a Fonds Wetenschappelijk Onderzoek (FWO) grant (G080823N).

ABSTRACT 4: WHAT STAYS UNSPOKEN? MAPPING DISCLOSURE IN MATERNITY CARE AMONG CARE-EXPERIENCED YOUNG MOTHERS: FIRST INSIGHTS FROM A SCOPING REVIEW

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Affiliations: [1] Karel de Grote University of Applied Sciences (KdG), Research Group on Social Inclusion (OCSI); [2] VrijeUniversiteit Brussel (VUB), Department of Psychology

Background:

Young mothers with a history of out-of-home care may enter pregnancy and early parenthood with specific parenting-related needs. They may be confronted with psychosocial and emotional vulnerabilities, shaped both by the family circumstances preceding child welfare intervention and by subsequent experiences of relational disruption. International evidence further suggests that care-experienced young women become mothers at younger ages than their peers, and that their children face elevated rates of child welfare involvement, including out-of-home care, although most remain with their parents. Against this backdrop, professionals in perinatal care and early parenting support may translate their concerns about these specific needs into screening, assessment, and risk-oriented support. At the same time, young mothers themselves may wish to be recognised as parents with agency and hopes for a different future, rather than being reduced to their care history. This creates a relational tension in which trust, perceived safety, stigma, and decisions about disclosure may shape engagement with services.

This scoping review aims to map and synthesise the international literature on factors that hinder or facilitate engagement with perinatal care and early parenting support among young mothers with a history of out-of-home care in high-income countries. Particular attention is paid to disclosure, partial disclosure, and non-disclosure, and to the relational, professional, and contextual factors reported to shape these processes. Disclosure was initially positioned as the central concept for the review, but this focus was broadened because the relevant literature more often addresses wider issues of access, trust, help-seeking and engagement than disclosure explicitly.

Methods:

The review follows Joanna Briggs Institute guidance for scoping reviews and will be reported in accordance with PRISMA-ScR. Using a Population–Concept–Context framework, the review will include studies on young mothers aged 25 years or younger with a history of out-of-home care. The core concept is engagement with perinatal

care and early parenting support, including factors that hinder or facilitate access, uptake, and continuity, of care. The context includes antenatal, intrapartum and postnatal care, as well as early parenting support, in high-income countries. Searches will be conducted in MEDLINE, EMBASE, PsycINFO, CINAHL, and Web of Science, complemented by grey literature searches. Data will be charted descriptively and synthesised narratively, with attention to how engagement is shaped by relational, professional, organisational and structural factors.

Results:

Data collection for the review is currently ongoing. The results will focus on how engagement with perinatal care and early parenting support is addressed in studies on care-experienced young mothers, and on the extent to which disclosure, non-disclosure, trust, perceived judgement, and fear of child welfare involvement are described as mechanisms shaping engagement.

Conclusion:

This scoping review will bring together fragmented evidence on the factors that hinder or facilitate engagement with perinatal care and early parenting support among care-experienced young mothers. The findings will also inform a broader practice-oriented research project on disclosure in preventive family support.

Main messages:

- Engagement with perinatal care and early parenting support among care-experienced young mothers is shaped by a tension between professional concern about vulnerability and mothers' wish to be recognised beyond their care history.

- The review gives specific attention to disclosure. By positioning disclosure as a relational process rather than an individual choice only, the review is expected to contribute to more equitable and disclosure-sensitive approaches to care.

Keywords: Care-experienced young mothers; out-of-home care; perinatal care; early parenting support; engagement; disclosure; scoping review

ABSTRACT 5: ADAPTING MENTAL HEALTH FIRST AID FOR UNIVERSITY STUDENTS: PROTOCOL OF A PEER-BASED INTERVENTION TO SUPPORT YOUTH MENTAL HEALTH

Authors: Chloé Chabotier[1], Anne-Sophie Poncelet[1], Céline Douilliez[2], Anne Jacot[2]

Affiliations: [1] Univers Santé; [2] UCLouvain

Background:

Promoting wellbeing and mental health is a major public health priority, yet, young adults' mental health remains particularly vulnerable. This vulnerability is pronounced amongst university students who face a period of significant transitions marked by leaving home, social isolation, and financial, academic and social pressures. These stressors contribute to high level of psychological distress. A study led by ULB and UCLouvain in 2021 reported that 69.5% of students experienced an important level of stress, 31.5% showed symptoms of severe anxiety, 17.6% had symptoms of severe depression, and 37.5% experienced moderate to severe insomnia, highlighting the need for targeted interventions.

Fieldwork Description:

Universities represent strategic environments for health promotion interventions. In this context, Univers Santé, a non-profit organization active on the UCLouvain campus, has developed innovative approaches to promote student mental health. Although peer support is an evidence-based method for early intervention, it remains underuse. To address this gap and empower students, Univers Santé, in partnership with the Belgian Red Cross and UCLouvain, adapted a Mental Health First Aid training program for students. Because peers are often the first to observe signs of distress, this project aims to strengthen psychosocial skills, enabling students to identify early signs of distress, offer initial support and refer peers to appropriate resources. As peers are the "first link" in the support chain, this project aims to develop a student-tailored program grounded in field-identified needs.

Observations:

The project stands out for its participatory and collaborative approach involving field actors, students, and researchers. Its methodology is structured in several phases. The first phase consists of a survey assessing the targeted population's mental health and their specific needs. Based on these findings, a second phase focuses on co-constructing the training program to align with the unique realities of the student experience. During the following academic year, approximately 75 students will participate in a pilot training phase that will inform iterative refinements of the

program. A continuous evaluation framework is integrated to measure the program's impact and adequacy. This ensures that the intervention is scientifically grounded, relevant and sustainable within the university community and the youth sector in general.

Conclusion:

By empowering students with mental health first aid skills, this initiative aims to foster a supportive campus culture and environment and contribute to the broader goal of promoting well-being among young people.

Main messages:

- Univers Santé, in partnership with the Belgian Red Cross and UCLouvain, is developing a Mental Health First Aid training program for students, to enhance peer support on the campus as university students face major mental health issues during this period of life transition.
- The project is innovative by its collaborative approach, integrating field actors, students, and researchers. In regards of its participatory nature, the methodology follows different phases in which students and stakeholders are actively involved: an initial comprehensive study destined to evaluate the current mental health landscape amongst students followed by a co-construction phase for the training program which is adapted to align with the unique realities of the student experience.

Keywords: First Aid Training Program, Students Wellbeing, Peer-support, Mental Health, Collaborative approach.

ABSTRACT 6: "ACCESS TO CARE" REVISITED: A RELATIONAL CRITIQUE OF DOMINANT FRAMEWORKS IN PRIMARY CARE

Authors: Marie-Lise Nédée[1], Koen Hermans[1], Nele Van den Cruyce[1], Hans De Loof[2]

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Background:

Access to primary care is widely recognized as a key component of equitable health systems (Starfield et al. 2005). However, how "access" is conceptualized and measured varies considerably (Zahidi et al. 2024). Existing literature increasingly conceptualizes access as a dynamic interaction between individuals, health systems and broader social contexts. Yet, important blind spots remain.

Methods:

This theoretical inquiry presents a critical comparison of four influential frameworks on access to care: the candidacy framework (Dixon-Woods et al., 2006), the patient-centered access model (Levesque et al., 2013), the "human fit" refinement (Voorhesen et al., 2024) and the concept of welfare bricolage (Phillimore et al., 2021). The analysis was conducted through iterative conceptual reading and comparison of the frameworks. Key concepts, underlying assumptions, and their treatment of interaction, agency and social relations were systematically contrasted. Rather than a formal systematic review, the aim was to identify conceptual convergences, tensions and blind spots in how access is theorized.

Results:

Across frameworks, access is consistently understood as a dynamic and multi-level process rather than a static outcome. The candidacy framework highlights how access is negotiated between individuals and services, while Levesque et al. conceptualize access as an interaction between system characteristics and individual capacities. The "human fit" model further emphasizes the role of human capabilities on both sides of this interaction. Welfare bricolage shifts the focus towards how individuals actively combine diverse resources to meet their needs, moving beyond a simple "barriers to access" logic. At the same time, the comparison reveals a shared limitation: the role of relations remains insufficiently theorized. While some frameworks acknowledge interaction or include social support as a resource, they tend to treat relationships as secondary or interchangeable elements. This obscures how access pathways are structured through relational configurations, in which among others intermediaries or "key persons", as well as trusted places and practices play a constitutive role. Such

relationships may influence what is perceived as accessible or trustworthy, and whether individuals ultimately access the care they need.

Conclusion:

This paper argues for a more explicitly relational conceptualization of access to care. Rather than being understood solely as removal of barriers or combination of resources, access should be seen as a process shaped and stabilized through relationships. Building on existing frameworks, this relational lens can help better understand how access is shaped through networks of formal and informal actors and inform interventions that strengthen relational infrastructures of care.

Main messages:

- Access to primary care is a process shaped and stabilized through relationships. Key persons, places, and practices influence whether people engage with care, revealing how connections structure opportunities and barriers in care trajectories.
- A relational approach can reduce inequities in care and strengthen communities. Recognizing how care pathways are embedded in relational dynamics highlights strategies to promote equitable access, enhance wellbeing, and foster social cohesion.

Keywords: primary care, accessibility, conceptualizations, relational lens

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ABSTRACT 7: LET'S TALK GENDER: PRELIMINARY FOCUS GROUP DATA EVALUATING A QUESTIONNAIRE ON GENDER AND PAIN DYNAMICS

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Background:

Pain research on gender-related effects has traditionally framed gender in terms of sex assigned at birth and biological mechanisms, overlooking variability in gender identity and pain experiences observed across populations. A more comprehensive approach that includes social, cultural, and individual factors is necessary. Although the gender context model of pain highlights intra- and interpersonal dynamics (Keogh, 2021), suitable quantitative tools to test these interactions remain lacking. Therefore, this study aims to develop a validated questionnaire to quantitatively assess dimensions of gender conceptualization, gender identity, and gender role beliefs in relation to pain.

Methods:

A rudimentary version of the questionnaire was developed by the research team, reviewed by an expert committee, and refined accordingly. The revised questionnaire comprises three domains: gender conceptualization (12 Likert-scale items and one open-ended question), gender identity (three checkbox items, six Likert-scale items, and one open-ended question), and gender roles in pain (one checkbox item and 16 Likert-scale items). The questionnaire is currently being presented to five focus groups representing 1) people with chronic pain, 2) gender-diverse people, 3) neurodivergent people, 4) people from ethnically or religiously diverse backgrounds, and 5) people from socio-economically diverse backgrounds. A semi-structured online discussions, guided by an interview guide aligned with the questionnaire's three domains, were audio-recorded, transcribed verbatim, and analyzed in MaxQDA (2026) using reflexive thematic analysis. Iterative feedback between the expert committee and focus groups will continue until data saturation, followed by reliability and validity testing of the final instrument.

Results:

Preliminary findings from the first round of feedback by the expert committee and focus groups will be presented, integrating general expert remarks with thematic

analyses of the focus group discussions. Experts emphasized the importance of a rigorous conceptualization of gender, including clear definitions of key concepts and terminology to ensure applicability across diverse populations. Across the focus groups, five overarching themes emerged: appreciation of the questionnaire's structure and conceptual intent; limited representation of non-binary experiences in the pain-related items despite inclusive identity measures; ambiguity in construct definitions leading to potential misinterpretation; an overemphasis on gender relative to pain-specific content; and concerns regarding response formats and the temporal framing of evolving gender identities. Overall, strong face validity was observed across all groups.

Conclusion:

The validated questionnaire will offer pain researchers and clinicians a practical tool for assessing gender-related factors, which can be used alongside self-report and experimental pain measures to examine interactions between gender and pain.

Reference: Keogh, E. (2021). The gender context of pain. Health Psychol Rev, 15(3), 454-481. https://doi.org/10.1080/17437199.2020.1813602

Main messages:

- Incorporating multidimensional gender constructs into pain research is essential to better understand inequalities in pain experiences and outcomes, thereby advancing more inclusive approaches to mental and social wellbeing.
- The development of a validated, quantitative tool to assess gender-related aspects of pain enables researchers and clinicians to systematically identify gender–pain interactions, supporting more equitable and person-centered public health strategies.

Keywords: Gender Identity, Gender Roles, Pain Sensitivity, Focus Group Interviews, Qualitative Research

Acknowledgments: We would like to express our sincere gratitude to all experts and focus group participants who have contributed their time, expertise, and lived experiences to this ongoing study. Their valuable insights and critical reflections continue to play an essential role in the iterative development and refinement of the questionnaire. We particularly appreciate their commitment to recognizing and advancing the importance of gender in research. By actively contributing to a more inclusive and nuanced understanding of gender and pain, they are playing a crucial role in shaping research that better reflects the diversity of experiences within society.

ABSTRACT 8: IMPLEMENTATION OF THE BODY PROJECT IN WALLONIA: PREVENTING EATING DISORDERS IN YOUTH ACROSS EVERYDAY SETTINGS

Authors: Charlotte Dupont[1], Charlotte Lemaire[2], Marine Systermans[2], Marie Aude Delmotte[2], Marie Pr. Delhaye[3,4], Sonia Dr. Fuchs[5,6], Roxane Aglave[7,8]

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Background:

Eating disorders frequently emerge during adolescence and are associated with impaired physical, mental, and social well-being. Body dissatisfaction and the internalization of the thin ideal are major risk factors. The Body Project, created by Eric Stice, is a prevention program based on cognitive dissonance and body acceptance that has demonstrated efficacy in reducing these factors as well as risky eating behaviors. Longitudinal studies also show a reduced risk of developing an eating disorder up to three years post-intervention. Its effectiveness is limited among adolescents under the age of 15. The program is embedded within a structured approach to both primary prevention and the promotion of physical and mental well-being.

Fieldwork Description:

The Body Project is being implemented in Hainaut and Liège among young people aged 15 to 25. It was developed in collaboration between the Union Professionnelle des Diététiciens de langue française (UPDLF) and the ASBL Anorexie-Boulimie Ensemble (ABE). The program offers prevention and well-being promotion actions through four complementary pillars, including group interventions in youth settings (schools, PMS centers, associations, sports clubs).

The program runs in groups of 6 to 8 volunteer participants. It consists of four weekly sessions over one month, co-facilitated by trained professionals and trained young peer supporters, fostering identification and engagement. The aim is to deconstruct the thin ideal, challenge unrealistic body norms, and strengthen self-esteem and critical thinking through participatory and reflective activities such as role-playing, behavioral challenges, discussions, and critical letters.

Observations:

Data collection is ongoing. Evaluation will focus on feasibility, acceptability, and initial clinical indicators (body image, eating behaviors, physical and mental well-being).

Conclusion:

The implementation of the Body Project in Wallonia represents an innovative prevention program for eating disorders among 15–25-year-olds. By combining a validated cognitive dissonance approach with co-facilitation notably involving peers, this initiative aims to deconstruct the thin ideal and enhance body image well-being. Its direct integration into youth environments makes it a promising primary prevention tool, with clinical impact yet to be confirmed by ongoing evaluation.

Main messages:

- The Body Project is a participatory, scientifically validated prevention program that deconstructs the thin ideal and strengthens self-esteem. By engaging young people in behavioral challenges and critical reflection, it reduces body dissatisfaction and the risk of developing eating disorders among 15–25-year-olds.
- Deployed in Wallonia by UPDLF and ASBL ABE, the program is implemented directly in youth environments (schools, sports clubs, etc.). Its strength lies in co-facilitation by professionals and peer supporters, fostering strong identification and active engagement with prevention messages.

Keywords: "Eating disorders prevention", "Body Project", "Body image", "well-being"

Acknowledgments: We gratefully acknowledge the initiative and commitment of the Union Professionnelle des Diététiciens de Langue Française (UPDLF) and ASBL Anorexie-Boulimie Ensemble (ABE) in implementing the Body Project in Wallonia. We also thank the AVIQ (Agence pour une Vie de Qualité) for the essential financial support that made this prevention project possible.

ABSTRACT 9: FROM NEIGHBORHOODS TO WELL-BEING: A CAUSAL INFERENCE APPROACH USING TARGET TRIAL EMULATION

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Affiliations: [1] Université Libre de Bruxelles; [2] Karolinska Institutet; [3] Universiteit Gent

Background:

The neighborhood environments in which people live can have an important impact on their mental health, well-being and social health. However, given that experimental manipulation of neighborhood environmental characteristics is practically unfeasible, researchers must rely on observational data. This renders establishing a causal link between neighborhood environmental characteristics and mental and social wellbeing outcomes challenging. We propose the application of a specific causal inference approach, i.e. target trial emulation, to obtain a valid estimate of the causal effect of neighborhood environmental characteristics on mental and social well-being outcomes.

Methods:

The target trial framework proposes to (1) develop a protocol for the hypothetical randomized controlled trial (RCT) that ideally would be conducted to answer the research question and (2) examine how this RCT can be emulated using observational data. The target trial emulation framework has been developed and mainly applied within the field of clinical epidemiology, in our presentation we translate this method to estimate the causal effect of a neighborhood environmental characteristic (i.e., access to greenspace) on a social wellbeing outcome (i.e., loneliness). We illustrate the advantages of this method and its practical application.

Results:

In addition to randomization to avoid confounding bias, an RCT design has the advantage of a perfect alignment of start of exposure, assessment of eligibility criteria and start of follow-up. Given that in traditional approaches in longitudinal observational studies, participants have been living in and have been exposed to their neighborhood environment for long periods of time before the start of the study, this alignment is not achieved and selection bias is introduced. For example, participants who feel lonely may have left neighborhoods without good access to greenspace and its opportunities for social interaction (a phenomenon called 'depletion of susceptibles'). We propose to apply the target trial emulation framework to data from people who relocate to avoid such bias. Opportunities to apply this approach with existing datasets (e.g., SHARE data) or the design of new research projects will be

discussed. Graphic presentations will be used to illustrate abstract concepts (such as selection bias).

Conclusions:

Neighborhood environments may play an important role in preventing poor mental and social well-being. To inform policy and practice on how to (re-)design health-promoting neighborhoods, innovative approaches are required to obtain unbiased causal effect estimates. Target trial emulation applied to data from relocators may provide such an approach.

Main messages:

- Causal insights into how neighborhood environments influence mental health, well-being and social health are crucial to inform effective policy and practice.
- Current approaches may result in biased causal effect estimates, an approach based on the target trial emulation framework and data from relocators may result in more accurate effect estimates and more effective policy recommendations.

Keywords: environmental health, causal inference, target trial emulation, social and mental wellbeing

ABSTRACT 10: PROMOTING MENTAL WELLBEING OF ADOLESCENTS IN URBAN, DISADVANTAGED NEIGHBOURHOODS THROUGH PARTICIPATORY ACTION RESEARCH: PROTOCOL OF THE BELGIAN PROMENT-STUDY

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Background:

Adolescents living in socially vulnerable urban neighbourhoods are at increased risk of mental health difficulties due to the interaction of individual, social, environmental, and structural determinants. Addressing these challenges requires integrated, community-based approaches that actively involve young people and their social environments. Participatory Action Research (PAR) offers a promising methodology for engaging adolescents and community stakeholders in identifying needs and co-creating locally relevant strategies to promote mental wellbeing.

Methods:

ProMent is a five-year PAR project conducted in two socially vulnerable urban neighbourhoods in Belgium (Oud-Molenbeek in Brussels and Stuivenberg in Antwerp). The project is organized into four interconnected work packages (WP). WP 1 focuses on establishing an Academic Workplace, bringing together researchers, practitioners, policymakers, and community organizations to support collaboration and knowledge exchange. WP 2 consists of a needs analysis exploring the perspectives and experiences of adolescents (12–18 years), formal and informal key figures, and professional caregivers through semi-structured interviews and focus groups. Building on these findings, WP 3 aims to strengthen neighbourhood capacity through the co-creation of locally relevant solutions using Innovation Labs and creative workshops. WP 4 focuses on valorization and knowledge translation throughout the project. Data are analyzed using thematic analysis, combining inductive and deductive coding informed by socio-ecological and public mental health frameworks.

Results:

WP 1 has established an ongoing Academic Workplace involving stakeholders from research, practice, policy, and community settings. WP 2 has almost been completed

and thematic analysis has started. To date, 75 semi-structured interviews have been conducted with adolescents, key figures, and professional caregivers. Preliminary findings indicate that adolescents often prioritize structural concerns such as financial insecurity, neighbourhood safety, educational pressures, and family responsibilities over their own mental wellbeing. Trusted key figures, including youth workers, teachers, sports coaches, family members, and peers, were identified as important sources of emotional support and bridges to professional care. Stakeholders further emphasized the importance of safe spaces, youth empowerment, and socio-emotional skill development as key leverage points for promoting adolescent mental wellbeing.

Conclusion:

Preliminary findings demonstrate the importance of addressing adolescent mental wellbeing through a socio-ecological and community-based lens. By combining PAR with public mental health principles, ProMent seeks to generate actionable knowledge and co-create context-sensitive strategies that strengthen mental wellbeing in socially vulnerable urban neighbourhoods.

Main messages:

- Youth mental wellbeing is strongly shaped by the social environments in which they grow up, underscoring the importance of public and community-based mental health approaches beyond individual-level care.
- Participatory Action Research creates opportunities for adolescents and community stakeholders to co-develop context-sensitive and sustainable mental health promotion strategies.

Keywords: Youth mental wellbeing, Participatory Action Research, Socio-ecological determinants, Urban, disadvantaged neighbourhoods

CHAPTER 2 : MENTAL HEALTH IN PRACTICE: RETHINKING CARE, SUPPORT AND INNOVATION ACROSS THE LIFE COURSE

Presentation	Title
Eva Vangilbergen (Vrije Universiteit Brusse)	Age as a social construct: Protocol of a mixed-methods study on ageism in healthcare
Loui De Borger (KU Leuven)	Trauma Informed approaches in the treatment of alcohol use disorder: a scoping review of conceptualizations, applications, and gaps
Barbara Nii-Annancy (KU Leuven)	The Digital Diabetes Patient Reminder (DIPAR) Tool for Adults with Type 2 Diabetes: A Study Protocol for a Randomized Controlled Trial.
Maria Khalaf (GymSANA ASBL)	Promoting Mental Wellbeing Through Group-Based Adapted Physical Activity: Field Observations and Questionnaire-Based Insights from the GymSANA Initiative in Belgium
Sophie Dohogne (Odisee University of Applied Sciences)	Bridging Communication Gaps in Psycho-Emotional Care: A Person-Centred Approach for Young Onset Dementia
Louise de Almeida Ferreira Fonseca (KU Leuven)	Patient and Caregiver Perspectives on Integrated Care for Older Adults with Depression and Multimorbidity: A Qualitative Study
Pieterjan Verschelden (Odisee University of Applied Sciences)	Positive Minds, Positive Years: The Mental-Health Power of the Active and Healthy Ageing for All Program
Owen Soontjens (Ghent University)	Understanding Muscle-Strengthening Activities in Older Adults: Knowledge, Perceptions, and Behaviour from the Belgian Data2Action Survey
Veerle Soyez (Vrije Universiteit Brussel)	Supporting primary care in addressing self-harm in later life: The PETALS Project

ABSTRACT 1 : AGE AS A SOCIAL CONSTRUCT: PROTOCOL OF A MIXED-METHODS STUDY ON AGEISM IN HEALTHCARE

Authors: Eva Vangilbergen[1,2], Bram Vanhoutte[1], Liesbeth De Donder[2]

Affiliations: [1] Université Libre de Bruxelles; [2] Vrije Universiteit Brussel

Background:

This project examines the neglected role of age as a central axis of inequality, offering innovative insights into how age functions within healthcare. Ageism is a key element in this approach, addressing global concerns about the alarming pervasiveness of age-based stereotypes, prejudices and discrimination in our ageing society. Given that experiences of discrimination are associated with adverse mental health outcomes through mechanisms as chronic stress, and considering the negative impact of ageism on both physical and mental health, particularly in later life, this project underscores the need for critical attention to age-related inequalities in healthcare. It focuses on (1) experienced ageism in the Belgian population, (2) the role of age in primary care diagnosis and (3) the influence of age in oncology treatment decisions.

Methods:

The project consists of three interconnected work packages. WP1 maps ageism in Belgium using nationally representative data from the Social Study (TSS, 2024), examining how age intersects with gender, migration status and socio-economic status (SES). WP2 investigates age-related norms among healthcare professionals through a mixed-methods design, combining latent profile analysis with in-depth interviews with general practitioners on the role of age in diagnostic decision-making. WP3 explores how biological and chronological age are used as criteria in oncology treatment through a clinical vignette study.

Results:

As this is a protocol abstract, final results are not yet available. However, data for WP1 are already accessible through TSS. Preliminary analyses indicate that perceived ageism is most frequently reported at the extremes of the age distribution, with significantly higher levels among younger respondents aged 15–24 ($B = 0.49$, $p < .01$) and 25–34 ($B = 0.40$, $p < .01$), as well as among older adults aged 75+ ($B = 0.29$, $p < .05$). Lower SES is also significantly associated with higher levels of perceived ageism ($B = 0.34$, $p < .05$). No significant associations were found for gender, while migration status shows only a marginal increase among respondents from non-EU countries ($B = 0.13$, $p \approx .05$).

Conclusion:

The research design follows a progressive analytical approach: beginning with a broad mapping of ageism in the Belgian population, followed by an examination of age-related norms in healthcare practice, and culminating in a focused analysis of treatment decision-making in oncology. The project outcomes will provide a deeper understanding of healthcare practices, highlighting age as an underexplored factor that can implicitly drive inequalities in health outcomes at all ages.

Main messages:

- With recent developments toward an independent charter on the human rights of older persons, increasing attention to ageism, and rapidly ageing societies, the study of old age has become increasingly relevant. This project moves beyond a sole focus on old age by examining the broader social role of age. It aims to address identified knowledge gaps by conceptualizing age as a social construct, comparable to other categories such as gender and race.
- Ageism in later life has been widely studied in relation to health and within the field of healthcare. This project seeks to extend the existing knowledge by adding new theoretical and empirical depth to the study of ageism in healthcare. It focuses on age norms held by healthcare professionals in combination with different measures of age (chronological opposed to biological age) and examines how these underlying age-related mechanisms may contribute to unequal healthcare practice.

Keywords: Age norms, Ageism, Intersectionality, Healthcare, Mixed-methods

ABSTRACT 2 : TRAUMA INFORMED APPROACHES IN THE TREATMENT OF ALCOHOL USE DISORDER: A SCOPING REVIEW OF CONCEPTUALIZATIONS, APPLICATIONS, AND GAPS

Authors: Loui De Borger[1], Liesbeth Borgermans[2,1], Bruno Marchal[3], Bert Aertgeerts[1], Geert Goderis[1]

Affiliations: [1] KU Leuven; [2] UGent; [3] Tropisch Instituut Antwerpen

Background:

Alcohol Use Disorder (AUD) is strongly associated with psychological trauma and Adverse Childhood Experiences (ACEs) (1), yet conventional treatment approaches often fail to adequately address this link. TSC offers a framework emphasizing safety, trust, empowerment, and cultural responsiveness as a service/organizational approach to care delivery (2). However, the scope and nature of evidence on TSC's application in alcohol-related care remains poorly defined (3). This scoping review seeks to map how TSC is defined and conceptualized, which populations and settings it targets, its core elements and criteria, underpinning theories and mechanisms, reported outcomes, and factors facilitating or hindering its implementation in alcohol care settings.

Methods:

A scoping review was conducted following established JBI and PRISMA-ScR guidance. Multiple databases and grey literature were systematically searched for studies on trauma-informed or trauma-sensitive approaches in relation to alcohol use. Screening and data charting are ongoing. Extracted data include definitions of trauma, intervention characteristics, target population, care setting, theoretical underpinning, reported outcomes, and implementation factors. A thematic synthesis is being used to identify patterns in how trauma is conceptualized and operationalized across studies.

Results:

Screening is nearing completion. An initial observation is that relatively few studies explicitly address trauma-sensitive approaches in relation to alcohol use. The literature identified so far suggests substantial variation in how trauma is conceptualized and translated into care practices. Trauma is often acknowledged as a background factor, but not consistently operationalized into clearly defined trauma-sensitive components. Alcohol-related interventions also appear to remain largely focused on behavioural change, with limited attention to underlying psychosocial mechanisms. These findings remain preliminary and will be refined during full charting and synthesis.

Conclusion:

This review may point towards a fragmentation between trauma-sensitive care and alcohol-related interventions. It is likely to suggest the need for more integrated approaches that connect behavioural, psychological, and social dimensions of alcohol use. Strengthening such integration could contribute to more context-sensitive public health strategies, although this will need to be confirmed in the full analysis.

Main messages:

- Preliminary findings suggest that while trauma is increasingly recognized in alcohol research, it may not yet be consistently translated into concrete trauma-sensitive approaches within interventions.
- This review may highlight the need for clearer conceptual and implementation guidance to support more consistent application of TSC in alcohol-related care.

Keywords: Alcohol Use Disorder, Trauma-Sensitive Care, Scoping review, addiction, psychotrauma

Acknowledgments: This work is conducted as part of the DOREEN project at the Academic Centre of General Practice, KU Leuven. I would like to thank the supervisory team, the funder and the collaborators involved in the development of this research.

ABSTRACT 3 : THE DIGITAL DIABETES PATIENT REMINDER (DIPAR) TOOL FOR ADULTS WITH TYPE 2 DIABETES: A STUDY PROTOCOL FOR A RANDOMIZED CONTROLLED TRIAL.

Authors: Barbara Nii-Ananncy1, Steve Van den Bulck1,2, Steffen Fieuws1, Laura Van den Mooter3, Roman Vangoitsenhoven1,4, Geert Goderis1

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Introduction:

Diabetes Mellitus is a global health challenge, affecting an estimated 800 million adults worldwide, with prevalence projected to substantially rise in the coming decades, according to the World Health Organization. Individuals with diabetes are at increased risk for mental disorders including depression, anxiety, and diabetes-distress. Three in five people living with diabetes have been reported to experience emotional and mental health problems as a result of their condition. In Belgium, approximately 7,6% of Belgians are diagnosed with diabetes, including one in five people aged 75 years or older. Effective diabetes management requires active and continuous self-management and decision-making, which places a considerable emotional burden on these individuals. The Digital Diabetes Patient Reminder (DIPAR) tool combines automated reminders with a patient-facing dashboard that visualizes diabetes-related and lifestyle parameters to support self-management and improve routine diabetes care. This study aims to evaluate whether implementation of the Digital Diabetes Patient Reminder (DIPAR) tool improves processes of care for individuals with type 2 diabetes mellitus (T2DM) by increasing the proportion of patients with documented albuminuria measurements in the electronic medical record compared with standard care. In addition, the study aims to assess the usability and acceptability of the DIPAR tool from the patient perspective.

Methods:

This single-blind randomized controlled trial will compare the DIPAR intervention in addition to standard care with standard care alone. The primary outcome is the between-group difference in the proportion of patients with documented albuminuria measurements in the electronic medical record during a 12-month follow-up period. Secondary outcomes include the usability and acceptability of the DIPAR tool, documentation of HbA1c, changes in clinical parameters (including HbA1c, albuminuria, serum creatinine, estimated glomerular filtration rate, urine albumin-to-creatinine ratio, low-density lipoprotein cholesterol, body mass index, and blood pressure) and occurrence of study-specific adverse events. This study is registered on ClinicalTrials.gov (NCT07257822).

Results:

A total of 201 adults with T2DM were recruited through the endocrinology departments of UZ Leuven and RZ Tienen, of whom 100 were randomized to the intervention group. At baseline, participants had a mean age of 64.9 years (SD 11.4), with 22% aged 75 years or older. The majority were male and of Flemish Caucasian ethnicity with a mean baseline HbA1c of 7,15% (SD 1,18). Overall, 82% had at least one diabetes-related complication. Preliminary usage data indicates that 16 unique participants have collectively recorded 21 entries in the DIPAR dashboard.

Conclusions:

This pragmatic real-world randomized controlled trial may will provide valuable evidence regarding the effectiveness, feasibility, usability, and acceptability of a patient-facing digital reminder tool and dashboard to support self-management and improving care processes among individuals with T2DM in routine clinical practice.

Main messages:

- The DIPAR study protocol outlines a pragmatic randomized controlled trial evaluating an innovative digital tool designed for (older) individuals with type 2 diabetes in Flanders. Unlike most digital health interventions, which primarily target healthcare professionals, DIPAR uniquely delivers feedback directly to patients, representing a novel approach in this field.

- The DIPAR study protocol outlines a pragmatic randomized controlled trial evaluating an innovative digital tool designed for (older) individuals with type 2 diabetes in Flanders. Unlike most digital health interventions, which primarily target healthcare professionals, DIPAR uniquely delivers feedback directly to patients, representing a novel approach in this field.

Keywords: Diabetes, Type 2 Diabetes Mellitus, Digital Intervention, Mobile Health Application, Self-Management

Acknowledgments: This study was conducted as a part of the Digital Diabetes Patient Reminder (DIPAR) Pilot from the KU Leuven which is a part of the Joint Action for Cardiovascular Diseases and Diabetes (JACARDI) project. The JACARDI project has received funding from the EU4Health Programme 2021–2027 under Grant Agreement 101126953. Views and opinions expressed are, however, those of the author(s) only and do not necessarily reflect those of the European Union or the European Health and Digital Executive Agency (HaDEA). Neither the European Union, nor the granting authority, can be held responsible for them.

ABSTRACT 4: PROMOTING MENTAL WELLBEING THROUGH GROUP-BASED ADAPTED PHYSICAL ACTIVITY: FIELD OBSERVATIONS AND QUESTIONNAIRE-BASED INSIGHTS FROM THE GYMSANA INITIATIVE IN BELGIUM

Authors: Maria Khalaf

Affiliations: GymSANA asbl

Background:

Mental health challenges represent a growing public health concern across Europe. Community-based non-pharmacological approaches such as group-based adapted physical activity (APA) are increasingly recognized as promising strategies to improve also psychological wellbeing and social participation. GymSANA is a first-line community actor providing accessible group-based adapted physical activity sessions designed to support mental wellbeing through movement, social interaction and empowerment. This study explores the perceived impact of participation in GymSANA activities on mental wellbeing among participants in Belgium, reaching approximately 4,500 participants each week.

Methods:

A cross-sectional questionnaire will be distributed among GymSANA participants in 2026. The survey will explore self-reported changes in perceived stress, mood, motivation, social connectedness and overall wellbeing associated with participation in group-based adapted physical activity sessions.

Additional questions will examine barriers to participation, expectations and perceived facilitators of engagement.

Quantitative descriptive analysis may be complemented by qualitative observations collected during sessions to better understand participant experiences and contextual determinants influencing mental wellbeing.

Results:

Preliminary field observations suggest that participation in group-based adapted physical activity sessions contributes to improved mood, reduced perceived stress levels and strengthened social connectedness among participants. Participants report increased motivation to engage in regular physical activity as well as improved confidence in their physical and social capacities. Early observations also highlight the importance of supportive group environments and accessible sessions in facilitating engagement among individuals experiencing psychosocial vulnerability or reduced wellbeing.

Conclusion:

Group-based adapted physical activity initiatives such as GymSANA represent promising community-based interventions supporting mental wellbeing and social participation across the life course. Questionnaire findings will contribute to documenting participant-reported impacts and identifying key facilitators for implementation in community settings. Strengthening access to inclusive adapted physical activity programs may represent an effective and scalable strategy to promote population mental health and reduce social isolation in changing social contexts.

Main messages:

- Group-based adapted physical activity programs such as GymSANA can support improvements in perceived mental wellbeing, motivation and social connectedness through accessible community-based interventions.
- Field-based questionnaire data help document participant experiences and identify practical facilitators for implementing inclusive non-pharmacological approaches promoting mental health at the population level.

Keywords: Adapted physical activity, mental wellbeing, group-based interventions, community-based programs, social connectedness

Acknowledgments: The author would like to thank all GymSANA participants and instructors for their engagement and contribution to this field-based work.

ABSTRACT 5: BRIDGING COMMUNICATION GAPS IN PSYCHO-EMOTIONAL CARE: A PERSON-CENTRED APPROACH FOR YOUNG ONSET DEMENTIA

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Affiliations: Department of Health Care, Odisee University of Applied Sciences

Background:

Young onset dementia (YOD) is frequently associated with anxiety, stress, and sleep disturbances that remain insufficiently addressed in current care practices. Communication between individuals with YOD, informal caregivers, and healthcare professionals is often fragmented, particularly across residential and home care settings, limiting continuity of person-centred support. This study explores how person-centred communication can better address psycho-emotional needs and how communication between stakeholders can be strengthened through a connected care approach.

Methods:

A qualitative study was conducted in Belgium and the Netherlands involving 53 participants, including individuals with YOD (n=4, semi-structured individual interviews), informal caregivers (n=10, two focus groups), and healthcare professionals from residential and semi-residential care settings (n=39, 9 focus groups). Recruitment across all groups followed a purposive sampling strategy. Potential participants were first approached through an individual conversation about the study; if interested, a focus group or interview was scheduled. Data were collected through semi-structured interviews and focus groups. Thematic analysis was performed following Braun and Clarke (2006), supported by researcher triangulation to enhance rigour.

Results:

Individuals with YOD expressed a strong need for open, reassuring, and emotionally supportive communication, yet often withhold concerns to avoid burdening others, leading to underreporting of anxiety, stress, and sleep problems. Caregivers and professionals reported difficulties addressing these issues due to limited communication skills, lack of knowledge, and time constraints. Triadic communication between individuals, caregivers, and professionals is often insufficiently aligned, particularly across care settings. There is a clear need for empathetic, tailored communication and practice-oriented training. These insights informed the development of a connected care framework integrating communication strategies, lifestyle interventions, and hybrid training.

Discussion:

Person-centred and empathetic communication is essential to identify and address psycho-emotional needs in YOD. Strengthening triadic communication across care contexts can reduce fragmentation and improve continuity of care. The proposed framework offers an innovative approach to enhancing communication competencies and supporting vulnerable populations.

Main messages:

- This study demonstrates that psycho-emotional needs in young onset dementia are often underdetected due to fragmented and insufficiently aligned communication between individuals, informal caregivers, and healthcare professionals. Strengthening triadic, person-centred, and empathetic communication across care settings is essential to improve continuity of care. The findings highlight the need for practice-oriented training and structured support to enhance competencies. A connected care framework is proposed, lifestyle interventions, and hybrid training to better address anxiety, stress, and sleep disturbances in people with YOD.

- This study advances non-pharmacological mental health care by showing how improved triadic communication and connected care can enhance early detection and management of anxiety, stress, and sleep problems in YOD. It emphasizes communication and training as key interventions, offering a scalable framework that strengthens psychosocial support, reduces care fragmentation, and improves well-being without relying on medication.

Keywords: Young onset dementia, Psychosocial interventions, Connected care, Anxiety, stress and sleep

Acknowledgments: The authors would like to thank all individuals with young onset dementia, informal caregivers, and healthcare professionals who generously shared their time and experiences. This research was supported by Stop Alzheimer Onderzoek.

ABSTRACT 6: PATIENT AND CAREGIVER PERSPECTIVES ON INTEGRATED CARE FOR OLDER ADULTS WITH DEPRESSION AND MULTIMORBIDITY: A QUALITATIVE STUDY

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Background:

Population ageing is accelerating globally. In 2023, approximately 20% of the Belgium population was aged 65 years or older, a proportion expected to increase to 25% by 2050. This demographic transition is accompanied by rising multimorbidity, around 70% of the Belgium older adults live with multimorbidity. Depression frequently co-occurs with chronic physical conditions in older adults, worsening health outcomes, increasing care complexity, and reducing quality of life. Integrated care (IC) models are increasingly promoted to address such complexity. Therefore, we explored the perspectives of patients and their informal caregivers on their care experiences, needs, and preferences.

Methods:

We conducted a qualitative study using semi structured interviews with 10 older adults diagnosed with depression and at least two chronic physical conditions, as well as 6 informal caregivers. Participants were recruited from an outpatient geriatric psychiatry service of UPC KU Leuven, Belgium. Interviews explored experiences with healthcare, unmet needs, care coordination, and the role of informal support. Data were analyzed using inductive thematic analysis following Braun and Clarke's approach with iterative coding and regular discussion among researchers to refine themes.

Results:

Six interrelated themes emerged. First, participants reported limited insight into how care was coordinated, particularly regarding communication between healthcare providers, often assuming that communication occurred without knowing how or when. Second, informal caregivers were often a central pillar of care, taking responsibility for coordination, medication management, and emotional support,

frequently without formal recognition or support. Third, trust and continuity in relationships with healthcare providers were central to perceived care quality. Fourth, many participants described limited agency in decision making, particularly during acute episodes. Fith, social support networks were also identified as important sources of practical and emotional support. Finally, stigma surrounding mental illness remained a barrier to openness, although opportunities to speak freely about their condition were experienced as valuable.

Conclusions:

Findings highlight five priorities for integrated care in older adults with depression and multimorbidity: visible care coordination, relational continuity, shared decision-making, support for informal caregivers, and personalized goal-oriented care. Effective integrated care must go beyond organizational coordination to ensure that care processes are clear and accessible to patients, while recognizing patients and informal caregivers as active partners in care. These findings informed the development of the I-CONNECT integrated care model, which is currently being evaluated in a randomized clinical trial.

Main messages:

- Integrated care must move beyond structural coordination to ensure that care is transparent and meaningful to patients, supported by relational continuity and trust.
- Patients and informal caregivers often take an active role in navigating care, highlighting the need to support patient agency and formally recognize and integrate caregivers within care models.

Keywords: Integrated care, depression, multimorbidity, care coordination, informal caregivers

Acknowledgments: We thank all patients and informal caregivers who participated in this study. This work is part of the I-CONNECT project and is supported by internal funding from KU Leuven.

ABSTRACT 7: POSITIVE MINDS, POSITIVE YEARS: THE MENTAL-HEALTH POWER OF THE ACTIVE AND HEALTHY AGEING FOR ALL PROGRAM

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Affiliations: [1] Odisee University; [2] Medical Sciences, VUB

Background:

Later-life wellbeing is influenced not only by physical health but also by mental health, social participation, and perceived meaning. Domains that become increasingly critical for vulnerable older adults. In the context of promoting mental and social health across the life course, aging populations benefit substantially from non-pharmacological approaches that foster psychological resilience, social cohesion, and empowerment.

The Active and Healthy Ageing for All (AHAA) program was co-created with older adults in Flanders and Brussels to strengthen health literacy and support sustainable health behaviors. Its holistic approach based on positive psychology offered an accessible, strengths based, non-pharmacological approach to enhancing mental wellbeing and social connectedness.

Methods:

Following the ten week program, qualitative data were collected through ten semi structured focus groups with older adults (n = 101), recruited from community service centers and nursing homes. The discussions explored participants' experiences of the holistic session, their interpretations of Positive Health domains, and perceived changes in wellbeing, social engagement, and daily functioning.

Results:

Participants described meaningful improvements across all six domains of Positive Health, with the most significant effects emerging in areas closely linked to ageing and mental wellbeing. Many reported greater optimism, emotional balance, and renewed purpose, outcomes reflective of the psychological benefits that non pharmacological mental health interventions can offer. The group based nature of the program fostered feelings of safety, peer support, and belonging, contributing to reduced loneliness and more frequent social contact. Participants also noted better sleep, increased physical activity, and improved motivation, which together supported greater autonomy in everyday life. The process of identifying personal strengths and values enabled many to reframe ageing as a period that still holds opportunities for growth, meaning, and contribution. Although some initially felt hesitant about reflective practices, they

ultimately valued the supportive group dynamic, which was experienced as both empowering and essential for deepening the impact of the psychological exercises.

Conclusion:

This study demonstrates how a co-created non-pharmacological holistic intervention can significantly enhance later life wellbeing among vulnerable older adults. By combining Positive Psychology with group-based experiential learning, the AHAA program strengthens mental health, reinforces community cohesion, and empowers older adults to adopt sustainable, health promoting behaviors.

Main messages:

- A non-pharmacological, strengths-based Positive Psychology approach measurably enhances mental wellbeing, purpose and resilience among vulnerable older adults, thereby strengthening healthy ageing and later-life wellbeing.

- Group-based reflective practices foster community connection, reduce social isolation and empower older adults to adopt sustainable health behaviours, demonstrating the value of community-embedded interventions for mental and social health.

Keywords: Healthy ageing, Positive psychology, Later-Life Wellbeing, Non-Pharmacological Interventions

Acknowledgments: We would like to thank all participants in the AHAA project. Their input was a key part of this study.

ABSTRACT 8: UNDERSTANDING MUSCLE-STRENGTHENING ACTIVITIES IN OLDER ADULTS: KNOWLEDGE, PERCEPTIONS, AND BEHAVIOUR FROM THE BELGIAN DATA2ACTION SURVEY

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Background:

Muscle-strengthening activities (MSA) are a key component of healthy ageing, contributing to functional independence, fall prevention, and overall quality of life. Despite WHO recommendations to perform MSA at least twice per week, participation among older adults remains low. One potential explanation is limited understanding of what constitutes MSA and how guidelines are interpreted in practice. This study, conducted within the EU MSCA Data2Action doctoral network (101169037), aims to examine knowledge, perceptions, and behaviours related to MSA among community-dwelling older adults in Belgium.

Methods:

A cross-sectional survey (32 items) was conducted among community-dwelling Belgian adults aged ≥65 years without diagnosed cognitive or physical impairment. A total of 1317 responses were collected between February and May 2026 and included in the analyses. The questionnaire assessed sociodemographic characteristics, awareness and knowledge of MSA and its guidelines, perceptions of MSA, and self-reported engagement in MSA using validated measures. Participants also completed activity-classification tasks to evaluate their understanding of what constitutes MSA. Motivators, barriers, and open-ended responses were collected to contextualise behavioural engagement. A pilot study was conducted to ensure clarity and reliability of the instrument. Descriptive statistics and exploratory analyses were used to examine associations between knowledge accuracy and MSA participation.

Results:

Findings indicate high perceived importance of muscle health (93%) and strong belief in the benefits of MSA (88%). However, only 48% of participants reported confidence in identifying MSA. Misclassification of activities was common, with 67% identifying walking and 66% cycling as MSA. Participants engaging in MSA demonstrated significantly greater classification accuracy than non-participants (mean = 4.05 vs 1.75, $p = .011$). Knowledge of official guidelines was limited; 42% believed MSA should be performed daily. Despite these inaccuracies, 68% reported that the presented

guidelines were clear. Predictors of adherence to WHO MSA guidelines was most strongly associated with receiving direct recommendation from a health professional (OR = 2.31), awareness of MSA (OR = 1.70), and perceiving fun and positive health outcomes as motivators (OR = 1.70, and OR = 1.89, respectively).

Conclusions:

There is a disconnect between perceived clarity and accurate understanding of MSA guidelines among older adults. Nonetheless, better conceptual understanding appears to be associated with engagement in muscle-strengthening behaviour. Involvement of health professionals may represent a pathway towards greater MSA engagement. These findings highlight the importance of improving how MSA recommendations are communicated and operationalised in public health practice.

Main messages:

- Older adults show high awareness of the importance of muscle health, yet substantial misunderstandings persist about what constitutes muscle-strengthening activities and how guidelines should be applied. This gap between perceived clarity and actual knowledge may limit effective engagement in recommended behaviours.
- Improving how muscle-strengthening guidelines are communicated and operationalised in public health practice is essential. Targeted, accessible messaging and clearer examples of appropriate activities could support better understanding and increase participation in muscle-strengthening activities among older adults.

Keywords: Muscle Strengthening, Older Adults, Active Aging,

ABSTRACT 9: SUPPORTING PRIMARY CARE IN ADDRESSING SELF-HARM IN LATER LIFE: THE PETALS PROJECT

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Background:

Self-harm in older adults remains a significantly underrecognized issue, despite evidence that it occurs in later life and is strongly associated with suicide risk. In Flanders, recent data indicate that 23.2% of adults aged 60 years and older report a lifetime history of self-harm, with 8.2% engaging in self-harm after age 60. Primary care workers, including first-line psychologists, social workers, home nurses, physiotherapists, pharmacists, and general practitioners, are often the first and sometimes the only point of contact for older adults experiencing psychological distress. However, many professionals report feeling insufficiently prepared to recognize and respond to self-harm in this population. This project aims to address this gap through the development of a toolkit for primary care.

Methods:

The PETALS project follows a three-phase participatory design to ensure the toolkit reflects stakeholder experiences and is easily implementable in primary care. In Phase 1 (present - December 2026), a qualitative needs assessment will be conducted through semi-structured interviews with approximately 20 stakeholders, including primary care professionals, older adults with lived experience of self-harm, and their informal caregivers. Interviews will explore current practices, perceived gaps, and support needs related to self-harm in later life. In Phase 2 (from January 2027), findings will inform co-creation workshops with stakeholders to develop a first version of a psychoeducational toolkit, which will be piloted and refined through focus groups. In Phase 3, the finalized toolkit will be implemented in primary care and evaluated using a mixed-methods design assessing professionals' knowledge, attitudes, stigma, and perceived competence, as well as user satisfaction and perceived impact on older adults and their informal caregivers.

Results:

The PETALS project will generate phase-specific outputs that progressively inform the development of the toolkit. Phase 1 will produce a synthesis of current practices, perceived gaps, and support needs across stakeholder perspectives. Phase 2 will translate these findings into building blocks for co-creation workshops and the development of a first draft of the PETALS toolkit. In Phase 3, the toolkit will be piloted,

refined, and finalized based on stakeholder feedback and implementation experiences. The project will ultimately result in a freely accessible, stakeholder-informed toolkit tailored to real-world primary care practice and evaluated for usability and relevance.

Conclusion:

By integrating stakeholder perspectives into toolkit development, the PETALS project aims to enhance primary care professionals' knowledge, confidence, and capacity to respond to self-harm in older adults, ultimately contributing to improved care and suicide prevention in later life.

Main messages:

- Self-harm in later life remains underrecognized despite its strong association with suicide risk. Improving recognition and response within primary care is essential to support mental health and wellbeing in aging populations.

- The PETALS project promotes later-life wellbeing by co-developing a psychoeducational toolkit with professionals, older adults, and caregivers to strengthen early recognition of self-harm and support more appropriate care in primary care settings.

Keywords: Self-harm, Older adults, Primary care, Mental health, Suicide prevention

Acknowledgments: This project is funded by the Maurange Fund of the King Baudouin Foundation and the Amand Vilyn Fund of SciMingo.

CHAPTER 3 : MENTAL HEALTH UNDER PRESSURE: FROM MECHANISMS TO POLICY AND PRACTICE

Presentation	Title
Vincent Lorant (UCLouvain)	The Relative Value of Mental Health for Pandemic Response: A Discrete Choice Experiment with Stakeholders and the General Population in Europe.
Joren Vyverman (Ghent University)	Linking stress and pain in chronic primary pain: a systematic review and meta-analysis
Agnès Leclercq (Union Nationale des Mutualités Libres)	From child penalty to protective effect: the unevenly distributed impact of parenthood on mental incapacity for work
Gert Elewaut (Ghent University)	Cortisol Stress Responses in Chronic Musculoskeletal Pain: A Comparative Study of Fibromyalgia, Chronic Low Back Pain, and Pain-free Controls
Julie Vanderlinden (Odisee University of Applied Sciences)	Mental health under pressure: Stress, sleep and wellbeing in healthcare professionals, insights from the HeartCore project
Laura Oostenbach (University of Antwerp)	Exploring inequalities in worker health and wellbeing under future-of-work policies: developing a dynamic framework for agent-based modelling
Sébastien Theunissen (Centre Hospitalier Jean Titeca)	Lifestyle Psychiatry : organisation and systematisation of somatic care provision for the comprehensive management of patients at the Jean Titeca Hospital Centre and assessment of the impact of this care on patients.
Yanni Verhavert (Vrije Universiteit Brussel)	Do physical activity and sedentary behaviour have an effect on burnout risk in Flemish secondary school teachers? A prospective study
Ruud Saerens (Independent Health Insurance Funds)	Young people facing work incapacity - The key role of mental health
Vincent Lorant (UCLouvain)	The Relative Value of Mental Health for Pandemic Response: A Discrete Choice Experiment with Stakeholders and the General Population in Europe.

ABSTRACT 1 : THE RELATIVE VALUE OF MENTAL HEALTH FOR PANDEMIC RESPONSE: A DISCRETE CHOICE EXPERIMENT WITH STAKEHOLDERS AND THE GENERAL POPULATION IN EUROPE.

Authors: Vincent Lorant[1], Pablo Nicaise[1], Wagner Silva Ribeiro[2], Mark Harrison[3], David Mc Daid[2]

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Background:

During the COVID-19 pandemic, public health policies often prioritised physical over mental health, prompting concerns about whether these decisions reflected societal values. This study assessed stated preferences for mental health relative to other wellbeing domains and examined how these priorities align between the general population and health policy stakeholders across eight European countries.

Method:

A discrete choice experiment (DCE), grounded in random utility theory, was administered through an online survey between May and September 2022 to 1,615 members of the general population (nationally representative samples) and 145 health policy stakeholders recruited through professional networks in Belgium, France, Germany, Italy, the Netherlands, Spain, Sweden, and the United Kingdom. Participants completed six choice tasks comparing pairs of hypothetical countries (A and B). The scenarios were constructed around four key consequences of COVID-19 mitigation policies: hospital admissions, psychological distress, employment loss, and restrictions on mobility.

Results:

Among the four attributes, psychological distress accounted for 34% of the relative importance in decision-making, compared with 30% for hospital admissions. In contrast, restrictions on mobility exerted the least influence on choice. On average, respondents were willing to accept a 1% increase in psychological distress to avoid 0.61 additional COVID-19-related hospitalisations per 100,000 population. Compared with the general population, stakeholders placed greater emphasis on reducing psychological distress and were more willing to accept restrictions on mobility. Respondents who held more negative views towards individuals with mental health problems or those hospitalised due to COVID-19 were significantly less likely to prioritise reductions in psychological distress.

Conclusion: Both the general population and health policy stakeholders attached similar importance to psychological distress and COVID-19-related hospitalisations when evaluating pandemic policy consequences. Differences between the two groups emerged primarily regarding restrictions on mobility and civil liberties. By quantifying societal trade-offs between mental health, physical health, economic outcomes and freedom of movement during a public health emergency, this study provides novel evidence to inform the design of future pandemic mitigation policies.

Main messages:

- The relative value of mental health in public emergencies remains poorly understood
  Mental health outweighs physical health in public emergencies
- Stakeholders value reducing psychological distress more than the public
  Stakeholders are more willing to accept mobility restrictions than the public
  Stigma toward mental illness lowers support for mental health policy measure

Keywords: mental health; political priorities; stakeholders; epidemics; discrete choice experiments

ABSTRACT 2 : LINKING STRESS AND PAIN IN CHRONIC PRIMARY PAIN: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background:

Chronic primary pain (CPP; e.g. fibromyalgia, chronic back pain) is defined by WHO's ICD-11 as unexplainable persistent pain that is associated with emotional distress and functional disability. Stress and pain system dysfunctions, including alterations in the autonomic nervous system (ANS), hypothalamic-pituitary-adrenal (HPA) axis, and central nervous system, are frequently observed in people with CPP. However, the relationship between (dys)functioning of the stress-pain systems remains unclear and has not been systematically investigated.

Methods:

A systematic review and meta-analysis was performed to synthesize evidence on associations between physiological markers of stress and experimentally-induced pain outcomes in adults with CPP as classified following the ICD-11. The protocol was pre-registered on PROSPERO. Six databases were searched until 21 August 2025. Risk of bias (RoB) was assessed with the Newcastle-Ottawa Scale (NOS). Certainty of Evidence (CoE) was evaluated using GRADE, and meta-analyses were performed when feasible.

Results:

Fifty-two studies (5 cross-sectional, 47 case-control) with a total of 1497 CPP participants (802 with widespread pain (i.e., fibromyalgia); 695 with localized pain (e.g., back pain)) were included, with a mean RoB score of 9/12 (range 2-11). A substantial proportion of studies lost NOS points due to relying on direct recruitment strategies. Qualitative analyses indicated that lower mean arterial pressure was associated with

greater pain sensitivity at baseline, reflected by lower electrical pain thresholds and tolerances, and supported by meta-analyses (r =.35, p=.02; r=.30, p=.03, respectively). Greater pain sensitivity (i.e., lower pressure pain thresholds and cold pain tolerances, respectively) was associated with higher cortisol levels (morning and baseline; r=-.22, p=.01) and reduced high-frequency heart rate variability during recovery (r=.31, p=.02). Additionally, higher pain sensitivity was associated with higher heart rate across multiple stress phases (all r≥.36, p<.03). Other associations were not significant, although evidence for various stress markers (e.g., electrodermal activity), stress reactivity and recovery, and pain modulation was limited. Overall CoE ranged from very low to moderate.

Conclusion:

ANS and HPA axis dysregulation appears to be associated with increased pain sensitivity in CPP, highlighting a potential role of stress-response systems in pain processing. However, limited evidence and methodological heterogeneity (e.g., variability in stress and pain outcomes, timing of measurements and stress-induction protocols) underscores the need for more comprehensive and methodologically standardized approaches to further investigate this relationship. Studies integrating diverse physiological stress markers and pain measurements across the pain continuum are needed to better understand underlying stress–pain mechanisms and optimize personalized treatment strategies for CPP.

Main messages:

- While stress system functioning and sensitivity to experimentally-induced pain appear to be closely linked in patients with chronic primary pain, this relationship remains complex and not yet fully understood, highlighting the need for more comprehensive and methodologically standardized approaches.
- People with chronic primary pain are impacted by poorer mental health (e.g., higher self-reported stress and anxiety levels) and reduced quality of life. Building on this, the current evidence suggests these individuals also show dysregulation of major stress response systems which are related to enhanced pain sensitivity, highlighting the potential importance of stress management in pain rehabilitation programmes for this population.

Keywords: autonomic nervous system, chronic primary pain, HPA axis, meta-analysis, pain sensitivity.

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ABSTRACT 3 : FROM CHILD PENALTY TO PROTECTIVE EFFECT: THE UNEVENLY DISTRIBUTED IMPACT OF PARENTHOOD ON MENTAL INCAPACITY FOR WORK

Authors: Agnès Leclercq, Katrien De Reu, Ludo Vandenthoren, Thomas Otte, Güngör Karakaya, Ruud Saerens, Mathieu De Backer, Evelyn Macken

Affiliations: Independent Health Insurance Funds - Helan, Partenamut and Freie Krankenkasse

Background:

In our society parents face high expectations. The pressure to perform both professionally and privately is considerable. We carried out an analysis on the relationship between parenthood and mental incapacity for work:

- Does parenthood influence the risk of mental incapacity for work?
- Are mothers at greater risk of mental incapacity for work than fathers?

Methods:

We compiled cohorts of 313.088 adults under the age of 65, active in the labour market on 01/01/2017, who lived continuously—with or without children (under the age of 25)—from 01/01/2017 to 30/06/2025. Likewise, regarding relationship status we only included individuals who had remained in a relationship even if they had changed partners (221.804) or remained single (91.284). Our cohorts include women with children (37%), women without children (11%), men with children (37%), and men without children (15%).

We considered all cases of incapacity lasting more than one month, resulting in a compensation from the Independent Health Insurance Funds. The primary reason for incapacity is coded according to International Classification of Disease v.10. The mental health-related incapacity cases studied cover Chapter 5 and subgroup Z73 of Chapter 21, the latter referring to burnout or exhaustion.

A Generalised Estimating Equation model was applied, with a binomial distribution and a logit link, to model the probability of incapacity for work and to measure the relative weight of each characteristic. Determinants are age, gender, relationship status, period related to Covid, employment status (employee/worker/self-employed), social status, socio-economic deprivation (based on the BIMD2011 for living quarter by Sciensano), couple with one or two revenues derived from work, number and age of children, delay after a new birth.

Results:

Parenthood significantly influences the risk of mental incapacity for work. However, its impact is not uniform: mothers are more than twice as likely to experience mental incapacity for work compared to fathers. For mothers, the protective effect of parenthood also appears to be temporary: immediately after childbirth their risk of incapacity for work is low, but it increases gradually over time, especially for multiple births in quick succession. Single parents have a relative incapacity risk that is twice that of parents in a couple.

Other key factors include not being in a relationship, which also increases the risk among non-parents, and to a greater extent among men than women. Age—particularly over 50—, manual worker status and the level of deprivation of the neighbourhood of residence are associated with significantly higher relative risk. The Covid-19 crisis further increased the relative risk: it doubled following periods of lockdown.

Conclusion:

Rate of mental incapacity for work varies markedly by gender and parental status. It is also relatively higher among single individuals. Mothers are more affected than fathers.

Main messages:

- Our statistical analyses and international literature review highlight the need to reduce the burden affecting mainly mothers. By encouraging the support that their partner can provide, we believe we can reduce the impact on their mental health and their risk of incapacity for work. There is still work to be done to remove the obstacles : taboos, limited knowledge of rights and workplace barriers.
- Investing in measures facilitating a better balance between private life and work is also necessary. We ask that the needs of single parents be explicitly taken into account when developing new policy measures.

Keywords: incapacity for work, mental health, mother health, child penalty

ABSTRACT 4: CORTISOL STRESS RESPONSES IN CHRONIC MUSCULOSKELETAL PAIN: A COMPARATIVE STUDY OF FIBROMYALGIA, CHRONIC LOW BACK PAIN, AND PAIN-FREE CONTROLS

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Background:

Chronic stress is linked to dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis and thought to play a key role in the development and persistence of musculoskeletal pain. Evidence on cortisol-based HPA axis responses to acute stress remains inconsistent and the role of pain extent has not been directly investigated. Variations between localised and widespread pain may underlie discrepancies, with localized pain linked to elevated baseline cortisol and hyperreactivity and widespread pain to lower baseline levels and blunted reactivity. This study examines HPA axis (dys)functioning via cortisol, across individuals with chronic widespread (fibromyalgia; FM) and chronic localised (low back pain; CLBP) musculoskeletal pain, in comparison to pain-free controls (CON).

Methods:

This cross-sectional study exposed participants (aged 18-55 years) to an experimentally-induced acute stress task (Trier Social Stress Test). Salivary cortisol was collected at 1) baseline, 2) before, 3) immediately, 4) 15 minutes, and 5) 50 minutes following the stress task. Hair cortisol levels were assessed as a marker of chronic stress exposure. Within-group analyses assessed peak cortisol reactivity, and between-group analyses of cortisol reactivity and recovery using the delta (Δ) values.

Results:

Data of thirty-six participants (FM: n = 11; CLBP: n = 12; CON: n = 13) were included in this intermediate analysis. No between-group differences were observed for sex or BMI. Participants with FM (33.27 ± 8.34) were older (p = 0.025) than CON (24.85 ±

3.81), while CLBP did not differ in age (27.00 ± 9.22; p ≥ 0.28) from the other groups. Within pain groups, FM (172.18 ± 94.95) showed longer (p = 0.037) pain duration than CLBP (91.58 ± 78.74), but similar (p = 0.46) pain disability levels. Baseline salivary and hair cortisol levels did not differ between groups. No between-group differences were found for cortisol reactivity or recovery. However, within-group analyses revealed significant increases in peak cortisol reactivity in CON (p = 0.006) and CLBP (p = 0.041), but not in FM (p = 0.37).

Conclusion:

These preliminary findings do not support the influence of HPA axis functioning by pain extent in chronic musculoskeletal pain conditions. However, the absence of a cortisol peak in FM suggests a blunted stress response and subtle HPA axis dysfunction in widespread pain, whereas localized pain showed a normal stress response. Small sample size and interindividual variability may explain the lack of significant group effects. Larger, better-matched samples are warranted to clarify HPA axis alterations in chronic musculoskeletal pain populations.

Main messages:

- No significant differences were observed in basal cortisol levels, stress reactivity, or recovery between chronic musculoskeletal pain conditions differing in pain extent. However, this may reflect the limited statistical power and suboptimal group matching of the intermediate data, and subtle group differences may emerge in larger, better-matched samples once data collection is complete.
- The absence of a significant cortisol response after acute stress induction in participants with chronic widespread pain is suggestive of a blunted stress response, which suggests a dysfunction of the HPA axis.

Keywords: Stress, HPA axis, cortisol, fibromyalgia, chronic low back pain

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ABSTRACT 5: MENTAL HEALTH UNDER PRESSURE: STRESS, SLEEP AND WELLBEING IN HEALTHCARE PROFESSIONALS, INSIGHTS FROM THE HEARTCORE PROJECT

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Background:

Healthcare professionals are increasingly exposed to high workload, staff shortages and emotional demands, which place their mental health under sustained pressure. Chronic stress and disrupted sleep are highly prevalent in this group and are strongly associated with reduced wellbeing, absenteeism, burnout risk and compromised quality of care. Despite growing awareness, preventive and accessible mental health interventions that address both stress and sleep remain limited within healthcare settings.

Methods:

The HeartCore project applies a mixed methods design to investigate stress, sleep and mental wellbeing among healthcare professionals and students. First, a cross sectional survey was conducted among healthcare professionals (n=766) using validated questionnaires to assess perceived stress, sleep quality and insomnia symptoms, complemented by interviews exploring lived experiences. Second, a quasi experimental pretest–posttest intervention study (n=133) evaluated the impact of a six week breathing based intervention on mental health outcomes. Subjective measures included perceived stress, insomnia severity and mental wellbeing, while objective measurements comprised actigraphy and heart rate variability. Qualitative interviews (n=65) explored feasibility, barriers and perceived effects of the intervention.

Results:

The cross sectional data revealed high levels of perceived stress and sleep problems, confirming mental health vulnerability across healthcare professions. Qualitative findings highlighted workload, shift work, emotional burden and limited recovery time as key stressors, with sleep problems both a consequence and amplifier of psychological strain. Preliminary intervention findings indicate that participants experienced increased relaxation, reduced stress and improved sleep quality. However, feasibility was influenced by contextual factors such as shift schedules, time pressure

and technology related stress, underscoring the importance of flexibility and mental safety in digital health tools.

Conclusion:

The HeartCore project demonstrates that stress and sleep are deeply intertwined dimensions of mental health in healthcare professionals. Accessible, low threshold interventions targeting physiological regulation can support mental wellbeing, but must be embedded within broader organizational strategies. Addressing mental health in healthcare requires integrated approaches that combine individual support with structural changes to foster sustainable wellbeing and workforce retention.

Main messages:

- Mental health in healthcare professionals is strongly affected by the interaction between chronic stress and disturbed sleep, with significant implications for wellbeing, absenteeism and quality of care.
- Low threshold, preventive interventions such as breathing based programs can improve mental wellbeing, but effectiveness depends on contextual fit, flexibility and organizational support.

Keywords: Mental health, Stress, Sleep, Wellbeing, Healthcare professionals

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ABSTRACT 6: EXPLORING INEQUALITIES IN WORKER HEALTH AND WELLBEING UNDER FUTURE-OF-WORK POLICIES: DEVELOPING A DYNAMIC FRAMEWORK FOR AGENT-BASED MODELLING

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Background:

Future-of-work policies, e.g., remote work and flexible hours, are promoted as beneficial to employees by increasing time autonomy and improving health. However, not all workers benefit equally. White-collar workers often have greater access to these options than blue-collar workers. Although evidence on these work arrangements is growing, mechanisms through which they contribute to health and health inequalities remain unclear. Traditional evaluations often overlook how workers, organisations, and policies interact and adapt over time. Agent-based modelling (i.e., a computer simulation method) can capture these complex and adaptive interactions and simulate how micro-level decisions and behaviours (e.g., by workers and organisations) produce macro-level outcomes (e.g., burnout rates, absenteeism). This study aims to develop a dynamic conceptual framework representing how workers and organisations make decisions and behave in response to future-of-work policies. This framework will guide the development of an agent-based model to explore short- and long-term population-level impacts on worker health and wellbeing outcomes (stress, burnout, work-life balance, absenteeism, and presenteeism). The model will be relevant for the Belgian context, where inequalities in access to flexible work arrangements remain pronounced across occupational sectors.

Methods:

The framework will be developed in four steps: (1) preliminary draft, (2) realist review, (3) expert consultation, and (4) finalisation, aligning with recommended agent-based modelling approaches. The framework will integrate theories (e.g., Conservation of Resources Theory, Job Demands-Resources), empirical evidence (from synthesis studies and high-quality original research) and expert opinions. Together, these inputs will define relationships between model components and how they influence each other over time.

Results:

The preliminary model positions time resources and demands as central mechanisms linking work arrangements to worker health and wellbeing. Time resources (e.g., sleep, leisure) and demands (e.g., work hours, commute) change depending on the type of

work arrangements available, sector, and individual attributes (e.g., age and gender). Organisational practices and worker wellbeing evolve dynamically, forming adaptive feedback loops central to the framework. Detrimental loops may occur when, e.g., higher absenteeism amongst blue-collar workers leads organisations to maintain fixed schedules. This can exacerbate absenteeism and reduce time resources, contributing to poorer wellbeing. Positive loops may emerge as flexible arrangements increase time resources, reduce absenteeism, and encourage wider uptake of supportive policies.

Conclusion:

The final framework will inform the design of our agent-based model exploring inequalities in worker health and wellbeing in the context of future-of-work policies. It will also guide data collection and analysis for future studies on work arrangements.

Main messages:

- Future-of-work policies (e.g., remote work and flexible hours) disproportionately benefit white-collar workers, with equivalent support largely absent for blue-collar workers. Using agent-based modelling, we explore how worker behaviours and organisational decisions interact over time in the context of future-of-work policies and whether (and how) these policies may widen inequalities in worker health and wellbeing.
- Developing a dynamic conceptual framework of how workers and organisations respond to future-of-work policies is the first step in building the agent-based model, as it maps model mechanisms and assumptions. Incorporating theory, empirical evidence and expert insight strengthens confidence in the framework.

Keywords: Agent-based modelling, dynamic framework, future-of-work policies, worker wellbeing, occupational health inequalities

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ABSTRACT 7: LIFESTYLE PSYCHIATRY : ORGANISATION AND SYSTEMATISATION OF SOMATIC CARE PROVISION FOR THE COMPREHENSIVE MANAGEMENT OF PATIENTS AT THE JEAN TITECA HOSPITAL CENTRE AND ASSESSMENT OF THE IMPACT OF THIS CARE ON PATIENTS.

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Background:

People with severe psychiatric disorders such as anxiety, depression, psychosis, ADHD, bipolar disorder experience psychological distress, physical health problems, behavioral difficulties and stigma. These complications accumulate over the course of their lives, reducing their life expectancy by 13 to 30 years compared to the general population. The majority of these complications are preventable by providing lifestyle interventions.

The Centre Hospitalier Jean Titeca (CHJT) is the only psychiatric hospital in French speaking Belgium that has a head of general medicine. This allows, in collaboration with the heads of psychiatric departments, the structuring and development of projects that provide access to a diverse and comprehensive somatic care. Currently, the CHJT offers a range of care services focused on improving lifestyle habits, but these are neither systematic nor fully documented.

Objectives:

In order to structure, promote, systematize and sustain the existing care provision, we will integrate the lifestyle dimension into care pathways and improve interdisciplinary working to reduce comorbidities in patients with psychiatric disorder.

Methodology

The project is carried out by an interdisciplinary team including: diabetologist, physiotherapist, nurses, general practitioners, psychiatrist, occupational therapist, and music therapist.

1) From October to December 2026, we'll map the existing range of care and activities aimed at improving patients' lifestyles such as exercise, diet, quitting smoking and improving sleep.

2) We will establish a cohort of patients who will be systematically and repeatedly surveyed regarding their desire to change their lifestyle habits and subsequently we will offer them a tailored and coordinated program of care or activities, and measure its impact

Results:

We created a repository with the identified lifestyle interventions in the hospital which was shared with the interdisciplinary team. Between December 2025 and March 2026 we drafted the questionnaires with the interdisciplinary teams. Patient surveys are scheduled to commence by the summer of 2026.

Conclusion:

The mapping of activities and surveying patients will help us to improve quality of care and quality of life and offers a holistic and interdisciplinary approach amount to patients with psychiatric disorders. Furthermore, we strive to break down barriers to accessing our services by drawing on the knowledge and expertise of all members of our interdisciplinary team.

Main messages:

- The Problem and the Need for Structured Lifestyle Care.
  People with severe psychiatric disorders face major preventable health complications—psychological distress, physical comorbidities, behavioural difficulties, and stigma—leading to a 13–30-year reduction in life expectancy. Although the CHJT already offers lifestyle-focused interventions (exercise, diet, smoking cessation, sleep), these remain unsystematic and undocumented. Thanks to its unique structure, as the only psychiatric hospital in French-speaking Belgium with a head of general medicine, it is well-positioned to develop a coordinated, interdisciplinary and comprehensive approach to somatic and lifestyle care.
- The Project and Its Expected Impact.
  An interdisciplinary team mapped all existing lifestyle-related activities and created a shared repository. The next steps include establishing a patient cohort, systematically assessing lifestyle-change motivation, and providing tailored, coordinated interventions while measuring outcomes. This project aims to integrate lifestyle care into clinical pathways, improve interdisciplinary collaboration, reduce preventable comorbidities, enhance quality of care and life, and remove barriers to accessing services by leveraging the strengths of all professional disciplines involved.

Keywords: Lifestyle psychiatry, prevention, interdisciplinarity, care

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ABSTRACT 8: DO PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR HAVE AN EFFECT ON BURNOUT RISK IN FLEMISH SECONDARY SCHOOL TEACHERS? A PROSPECTIVE STUDY

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Background:

Burnout in secondary school teachers is an increasing concern. More physical activity (PA) and less sedentary behaviour (SB) may be beneficial to reduce burnout risk in this population. However, no longitudinal evidence on the role of PA-intensities across PA-domains and the role of SB-domains exists. Furthermore, the teaching population, characterized by high PA levels, needs to be studied, as literature showed that leisure PA was less effective to reduce burnout risk in employees with physically demanding jobs. Therefore, this study aimed to examine the causal effects of different PA-intensities and -domains and SB-domains on burnout risk in secondary school teachers.

Methods:

In total, 306 Flemish secondary school teachers participated in three measurement moments during the school year 2019–2020 (i.e., start and end of 1st semester, start of 2nd semester). Each measurement moment, burnout risk (including recovery need and the three burnout dimensions: emotional exhaustion, depersonalisation, personal accomplishment), PA-intensities (walking, moderate-intensity PA (MPA) and vigorous-intensity PA (VPA)) in five PA-domains (work, transport, leisure-time, domestic and garden), and SB in three domains (work, transport, leisure-time), as well as sociodemographic factors and work-related factors were assessed. Multiple linear mixed models including selected confounders based on directed acyclic graphs were applied in R.

Results:

MPA during transport and SB at work were negatively associated with emotional exhaustion ($p = 0.021$ and $p = 0.003$, respectively). MPA at work was positively associated with personal accomplishment ($p = 0.049$), whereas VPA at work was positively associated with recovery need ($p = 0.041$). Gardening MPA was positively associated with emotional exhaustion ($p = 0.010$), and both gardening and domestic MPA were positively associated with recovery need ($p = 0.016$ and $p = 0.018$,

respectively). The (negative) association between leisure-time VPA and emotional exhaustion was borderline significant ($p = 0.055$).

Conclusions:

To reduce burn-out risk, our findings suggest teachers to engage in MPA at work and during transport, VPA during leisure-time, and SB at work, and to limit VPA at work as well as gardening and domestic MPA. Altogether, this study highlights the importance of differentiating between PA-intensities across PA-domains and between SB-domains when addressing burnout risk. Future research should measure additional potential confounding factors and employ longer time intervals.

Main messages:

- This longitudinal study shows that where and how intensely teachers are physically active matters for burnout risk. Moderate physical activity during work and transport, and vigorous activity during leisure time, were linked to more favourable burnout outcomes, while vigorous activity at work and domestic/gardening activity at moderate-intensity are related to higher recovery need. The findings underline the importance of distinguishing physical activity domains and intensities when developing targeted lifestyle interventions to support teachers' occupational health and wellbeing.
- Findings highlight that sedentary behaviour plays a context-dependent role in burnout risk among teachers. Rather than being uniformly harmful, sedentary time at work was associated with lower emotional exhaustion, suggesting that periods of sitting may provide necessary rest and recovery during active workdays. These results emphasize the importance of considering when and where sedentary behaviour occurs when developing lifestyle strategies to prevent burnout in occupational settings.

Keywords: Burnout, Teachers, Physical activity, Sedentary behaviour, Lifestyle interventions

ABSTRACT 9: YOUNG PEOPLE FACING WORK INCAPACITY - THE KEY ROLE OF MENTAL HEALTH

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Background:

Work incapacity among young adults constitutes a public health issue, as this population is generally considered to be in good health. Mental health plays a central role in everyday functioning and sustained employment, at a stage characterized by multiple transitions. Understanding mental health-related risk factors associated with work incapacity is essential to support prevention and long-term occupational health strategies for young workers.

The publication aimed to: (1) describe the most frequent medical diagnoses leading to work incapacity ; (2) compare their evolution between 2018 and 2024 ; (3) examine transitions from primary incapacity to long-term incapacity (>1 year) ; (4) contextualize the findings through a mental health perspective specific to early adulthood ; and (5) identify principal risk factors that may impair young people's mental health and contribute to work incapacity, in order to inform preventive strategies and policy recommendations.

Methods:

Analyses used administrative data from the Belgian Independent Health Insurance Funds on primary work incapacity (2018-2024), excluding short-term employer paid absences. Diagnoses at entry were coded in ICD-10, with the focus of the study being chapters V (mental and behavioural disorders) and XXI (factors influencing health status, including Z73.0 "burnout"). Trends were compared between 18-34 and >34, with stratification by gender and work status (white-collars, blue-collars, self-employed). Progression from primary to long-term work incapacity was assessed.

Results:

Psychosocial disorders were the leading cause of primary work incapacity among young adults. In 2024, burnout represented 15.7% of new entries among those aged 18-34 (+136% since 2018), while depression accounted for 9.4% (+36%). Altogether, psychosocial disorders represented 39% of new cases and constituted a higher risk for transition to long-term work incapacity. The literature review identified risk factors contributing to these outcomes, including sedentary behaviour and unhealthy diets,

weak social support, unfavourable work conditions, excessive digital exposure, and worries about societal trends.

Conclusion:

The surge in psychosocial-related work incapacity among young adults is multifactorial, reflecting tensions between contemporary demands and social resources that are still developing. While most episodes are temporary, the notable progression to long-term work incapacity underscores urgency. A preventive, society wide approach is required: promote mental wellbeing and resilience from childhood, support transitions from education to work, and design work environments protective of well-being, particularly for new workers. Coordinated policies across health, employment, education, and digital spheres are essential to sustain mental health, social cohesion, and participation.

Main messages:

- In 2024, burnout accounted for 15.7% of new cases among those aged 18-34 (+136% since 2018), while depression reached 9.4% (+36%). Altogether, psychosocial disorders have become the main cause of primary work incapacity among young adults, representing 39% of all new entries.
- The rising mental health burden in early adulthood calls for a cross-sectoral response rooted in continuous prevention across the life course. Efforts should begin in childhood and be sustained through policies that promote social cohesion and supportive work environments, in order to build resilience and enable long-term participation in work.

Keywords: Mental Health, Risk Factors, Sick Leave, Young Adult, Psychological Resilience

Brussels, September, 2026

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